

## Health Insurance Compliance Form for J-1 Exchange Visitors

Federal regulations (22CFR S62.14) state **J-1 Exchange Visitors (EV)** and accompanying J-2 dependents are required to maintain comprehensive medical insurance with evacuation and repatriation coverage that meets the U.S. Department of State minimum requirements from the begin date to the end date of the EV program (as listed on the DS-2019). Insurance coverage should be maintained during the entire EV program, even if the EV travels outside the U.S. for a temporary absence. By completing this form, you are confirming that you have health insurance that meets the minimum requirements of a J-1 Exchange Visitor.

International Student and Scholar Services (ISSS) is required to **terminate** an EV's immigration status who does not provide proof of health insurance at the time of the beginning of their program as listed on their DS-2019, at the time of requesting a program extension, or when their current health insurance policy expires. EV's in the Research Scholar or Professor categories will also be required to do a bi-annual Health Insurance Update through UAtlas.

**Please Note:** Willful failure to carry the minimum required insurance for yourself, and if applicable, your dependents or any misrepresentation of your insurance coverage will lead to a termination of your EV program and legal status in the U.S.

### Please provide the following information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ UNID: \_\_\_\_\_

The information being provided includes coverage for the following:

- J-1 EV only     The following J-2 dependents only: \_\_\_\_\_
- The J-1 EV and the following J-2 dependents: \_\_\_\_\_

### Purpose of this form:

- EV initial reporting/check-in upon arrival to the University
- Extension of DS-2019 or renewal of current insurance coverage
- Insurance for a new J-2 Dependent who will enter the U.S on the date specified: \_\_\_\_\_
- Insurance for a J-2 dependent that is different from the EV
- Other: \_\_\_\_\_

### Information on Comprehensive Medical Insurance Minimum Requirements:

The insurance coverage must include the following minimum requirements:

- Medical benefit of at least \$100,000 per person per accident or illness
- Deductible that does not exceed \$500 per accident or illness
- Repatriation of remains in the amount of \$25,000 or more
- Medical evacuation expenses in the amount of \$50,000 or more
- Co-insurance paid by the EV not to exceed 25% of covered benefits per accident or illness.

Insurance policies:

- May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards; and
- Must not unreasonably exclude coverage for the perils inherent to the activities of the exchange program in which you participate.

Any policy, plan, or contract purchased to meet the EV program insurance requirements must at minimum be:

- Underwritten by an insurance corporation having:
  - An A.M. Best rating of "A-" or above; or
  - A McGraw Hill Financial/Standard & Poor claims paying ability rating of "A-" or above; or
  - A Weiss Research, Inc. rating of "B+" or above; or
  - A Fitch Ratings, Inc. rating of "A-" or above; or
  - A Moody's Investor Services rating of "A3" or above; or
- Be backed by the full faith and credit of the exchange visitor's home country; or
- Part of the health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
- Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers of Medicare or Medicaid Services of the U.S Department of Health and Human Services.

**Insurance Provider Information- Please choose one of the two options below:**

**Option #1: I currently have or will enroll in the University of Utah’s insurance plan (Regence)**

My signature below under the “Attestation” section confirms that I currently have or will enroll in the University of Utah’s health insurance plan (Regence and Europ Assistance) with an effective coverage date that matches my current exchange visitor program. Health insurance through Regence does meet the minimum requirements of the medical coverage, and Europ Assistance meets the evacuation/repatriation coverage. In addition to completing this form, I will provide proof of coverage with a copy of my insurance policy or insurance ID card.

**Option #2: I do NOT have coverage through the University of Utah (Regence)**

Please provide details of your health insurance coverage below:

Both Medical/Health Insurance & Evacuation/Repatriation     Medical/Health only     Evacuation/Repatriation only

Insurance Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Website: \_\_\_\_\_

Insurance Start Date: \_\_\_\_\_ Insurance End Date: \_\_\_\_\_

**IMPORTANT:** Please provide a copy of your proof of insurance if you do NOT have insurance through the University of Utah. Examples of proof can be a summary of benefits, a declaration page, or documentation in English from your government. Proof should detail the coverage, such as the amount of medical, repatriation, evacuation, and deductible. This will be required before we can validate your arrival in the SEVIS immigration database. **Medical, evacuation, and repatriation are all required for you to be in compliance with your J-1 visa status.**

**Please note:** Staff members of the ISSS office are not experts in evaluating individual insurance policies. As an Exchange Visitor, you are responsible to ensure that your insurance policy meets the minimum requirements established by the U.S. Department of State found in 22 CFR S62.14 (listed on page 1 of this document). If necessary, you can provide this form to your insurance provider to confirm that your insurance policy meets the required minimum coverage.

**Attestation:**

I certify under penalty of perjury that the above information is true and correct. I confirm that insurance coverage for me and my J-2 dependent(s) meets the U.S Department of State’s minimum requirements as outlined in 22 CFR S62.14.

- I understand it is my responsibility to provide proof of continuous insurance coverage to ISSS throughout my EV program.
- I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of my EV program, the University of Utah will **terminate** my EV program which will result in my loss of my immigration status and the status of my dependents.
- I understand that I may also be subject to the requirements of the Affordable Care Act (ACA) and, if so, will purchase insurance that meets the requirements set forth in the ACA legislature in addition to the requirements established in 22 CFR S62.14.

\_\_\_\_\_  
J-1 Exchange Visitor’s Signature

\_\_\_\_\_  
Date