

MEDICAL INSURANCE COMPLIANCE FORM

FOR: J-1 STUDENTS, SCHOLARS, PROFESSORS & THEIR J-2 DEPENDENTS
Sponsored by The Catholic University of America Exchange Visitor Program P-1-01300

As an Exchange Visitor (J-1) in the United States, under the rule effective September 1, 1994, the U.S. Department of State regulations and the U.S. Code of Federal Regulations governing Exchange Visitor Programs (22 CFR514.14) requires you and your J-2 dependents to obtain health, accident, medical evacuation and repatriation of remains insurance coverage for the duration of your J program (including academic training).

These regulations stipulate that if you willfully fail to carry health insurance for yourself and your dependents, your J-1 sponsor must terminate your program and report the termination to the United States Department of State.

To keep our files current, please be sure to provide our office with proof of insurance each time you renew your insurance policy.

Minimum health insurance coverage must provide:

- Medical Benefits of at least **\$50,000** per accident or illness; (**\$100,000 as of May 2015**)
- Repatriation or remains in the amount of **\$7,500 (\$25,000)**
- Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of **\$10,000 (\$50,000 as of May 2015)**; and,
- A deductible not to exceed **\$500** per accident or illness

PLEASE SUBMIT A COPY OF YOUR INSURANCE POLICY FOR YOURSELF (AND J-2 DEPENDENTS) TO THE INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE in THE CENTER FOR GLOBAL EDUCATION, MCMAHON HALL 315 WITHIN THE FIRST MONTH OF YOUR STAY.

I certify that I have read and understand the information above concerning the Department of State's requirement for exchange visitors and accompanying dependents to have insurance. I understand that I must be in compliance and have enrolled or intend to enroll in the appropriate coverage for myself and J-2 dependents (if applicable) as indicated above.

Signature

Date

Print Name

Email

Name of Insurance company

Expiration date of Insurance

ISSS Office Use only: Insurance policy copy attached? yes _____ no _____

*adapted from Columbia University Teacher's College forms.