

## **MEDICAL INSURANCE COMPLIANCE FORM**

## 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 <u>and your J-2 dependents</u> to obtain health, accident, medical evacuation and repatriation of remains insurance coverage for the duration of your J program (including academic training).

These regulations state: 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.

Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:

- Underwritten by an insurance corporation having an A.M. Best rating of "A--" or above in these organizations: McGraw Hill Financial/Standard & Poor, Fitch ratings, Inc.; Weiss Research, Inc. rating of "B+" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as a the Department of State may from time to time specify; or
- Backed by the faith and credit of the government of the exchange visitor's home country;
- Part of a group health benefits program offered to employees or enrolled students by a designated sponsor;
- Offered through or underwritten by a federally qualified Health Maintenance Organization, or eligible Competitive Medical Plan determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

J-1 Exchange visitors and dependents may also be subject to the requirements of the Affordable Care Act

Please review & sign the second page  $\implies$ 



Please 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 **\$100,000** per accident or illness;
- Repatriation or remains in the amount of **\$25,000**
- medical evacuation benefits of **\$50,000**
- A deductible not to exceed **\$500** per accident or illness

## \*SUBMIT A COPY OF YOUR INSURANCE POLICY FOR YOURSELF (AND J-2 DEPENDENTS) TO THE INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE in PRYZBYLA CENTER ROOM 201 <u>WITHIN THE 10 DAYS OF YOUR</u> <u>ARRIVAL</u>.\*

I certify that I have read and understand the information above requiring 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 as indicated above.

Signature	Date
Print Name	Email
Name of Insurance company ************************************	Expiration date of Insurance
ISSS Office Use only: Insurance po	olicy copy attached? Yes no