

Insurance Certification: J-1 Exchange Visitor Program participants (and any dependents entering the United States in J-2 immigration status) are required by the U.S. Department of State to have medical insurance in effect during the period of time they are in the program. J-1 program participants and their dependents are required to have medical insurance coverage with the following minimum benefits pursuant to Federal Regulations [22 CFR 62.14]. Please complete a separate Insurance Certification for each covered family member.

To be completed by insurance agent and reproduced on insurance company letterhead:

I hereby certify under penalty of perjury that the following individual has insurance coverage that meets or exceeds these requirements and I am authorized by _____ insurance company to make this certification.

By initialing each of the points and signing below I certify that the following individual is covered by insurance that meets these requirements.

Last Name:

First Name:

Date of Birth:

Dates of coverage:

_____ Medical benefits of **at least** \$100,000 per accident or illness

_____ Repatriation of remains in the amount of \$25,000

_____ Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000

_____ A deductible not to exceed \$500 per accident or illness.

_____ Covers pre-existing conditions after a reasonable waiting period (6 months or less)

_____ This insurance policy is underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above.

Signature

Printed name and title

Date