

Insurance Requirements and Acknowledgment Form for J-1 Exchange Visitors

Department of State (DOS) regulation 22 CFR § 62.14 requires that all exchange visitors and their immediate dependents (spouse/child) on J visa have health and accident insurance.

The minimum coverage must include:

1. Medical benefits of no less than **\$100,000** per accident or illness
2. Repatriation of remains in the amount of **\$25,000**
3. Medical evacuation benefits of **\$50,000**
4. A maximum of **\$500** deductible per accident or illness
5. A waiting period for pre-existing conditions that is reasonable by the current industry standards
6. Coverage for activities inherent to the exchange program

Additionally, insurance policies must have one of the following ratings:

- a. A.M. Best rating of "A-" or above
- b. Fitch Ratings, Inc. rating of "A-" or above
- c. McGraw Hill Financial/Standard & Poors' Claims-paying Ability rating of "A-" or above
- d. Weiss Research, Inc. rating of "B+" or above

OR The insurance policy must be backed by the full faith and credit of the government of the exchange visitor's home country;

OR The insurance policy must be part of a health benefits program offered on a group basis to employees on a group basis by a designated sponsor;

OR The insurance policy is offered through a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Department of Health and Human Services.

All exchange visitors and their dependents may be also subject to the requirements of the Affordable Care Act [22 CFR 62.14(a)]. Obtaining and maintaining the required health and accident insurance during the entire stay in the U.S. is the responsibility of the exchange visitor. An exchange visitor who willfully fails to meet this requirement will be subject to the termination of the J-1/J-2 status.

Please sign this affidavit and return to the WVU Office of International Students & Scholars at the mandated orientation meeting. You may retain a copy of the signed form for your future reference.

I, _____, hereby acknowledge that I have been informed of the DOS health and accident insurance requirement and that I and my immediate dependents (if applicable) are in compliance.

I understand that I shall be subject to termination if I fail to secure and maintain the required coverage.

Signature: _____

Date: _____

