

J-1 Exchange Visitor Health/Repatriation & Medical Evacuation (RME) Insurance Requirements Acknowledgement Form

The U.S. Department of State (DOS) requires all J-1 exchange visitors and J-2 dependents to obtain appropriate health and RME insurance coverage for the duration of their program in the U.S. [22 CFR § 62.14]

An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant. A sponsor shall terminate an exchange visitor's participation in its program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance with this section.

Coverage must meet the following specifications:

- Provide medical benefits of at least **USD \$100,000 per accident or illness**
- Provide **repatriation of remains in the amount of USD \$25,000**
- Provide expenses associated with the **medical evacuation** of the exchange visitor **to the home country in the amount of USD \$50,000**
- Maximum **deductible** (amount to be paid by the patient before the insurer will provide coverage) **not to exceed \$500 per accident or illness**
- **Co-payment** (the percentage of the cost of the accident or illness to be paid by the insured) **cannot exceed 25% for covered benefits per accident of illness**
- **Underwritten by an insurance corporation** having one of the following ratings:
 - a) A.M. Best rating of "A-" or above
 - b) Insurance Solvency International, Ltd. (ISI) rating of 'A-1'
 - c) Standard & Poor's Claims-paying Ability rating of 'A-' or above
 - d) Weiss Research, Inc. rating of B+ or above
 - e) other rating service as the Agency may from time to time specify

OR

- Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country,
- Part of a 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 (HMO) or eligible Competitive Medical Plan as determined by the U.S. Department of Health & Human Services

J-1 Exchange Visitor Certification

I have read and I understand the above information. I agree to obtain appropriate and uninterrupted health and RME coverage for myself and for my J-2 dependents that meets the above requirement for the duration of my East-West Center/Department of State visa sponsorship. I understand it is my sole responsibility to maintain the required coverage for the duration of my program and that my willful failure to do so constitutes a violation of my status that may result in the termination of my sponsorship and the loss of my legal immigration status. I agree to provide confirmation of appropriate and uninterrupted insurance coverage to the EWC Visa Officer on a timely basis.

J-1 Exchange Visitor's Signature

Printed Name

Date