

J-1 Health Insurance Agreement Form

According to revised federal regulations governing the **J-1 Exchange Visitor Program** [22 CFR 62.14], all Exchange Visitors in the United States must purchase sickness and accident insurance for themselves **and for all dependents** for the duration of their stay. Failure to purchase such insurance will lead to loss of legal status and termination from the program.

Minimum coverage must provide:

- (a.) Medical benefits of at least \$50,000 per accident or illness;
- (b.) Repatriation of remains in the amount of \$7,500;
- (c.) Expenses for medical evacuation of the visitor to his/her home country of \$10,000;
- (d.) A deductible not to exceed \$500 per accident or illness.

“An exchange visitor who willfully fails to maintain the insurance coverage set forth above...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.” [22 CFR 62.45 (d) & (f)]

Brandeis University offers insurance coverage to all of its students and employees that meet these requirements. Other policies are acceptable if they meet the specifications. Students and employees must generally pay for part or all of that coverage.

I understand the insurance requirements as stipulated by federal regulations, and I certify that I have enrolled or will enroll at my earliest opportunity in an insurance plan or combination of plans to meet the specifications. I further certify that I have enrolled or will also enroll all dependents who currently accompany me or who follow to join me. I understand that (my family and) I must maintain health insurance coverage which meets these requirements for the duration of my J-1 program.

I also understand that if I willfully fail to purchase appropriate insurance coverage, Brandeis University will terminate me from its Exchange Visitor program and will notify the U.S. Department of State that I have been so terminated. Such action will result in loss of my legal status.

Signature

Name (printed)

Date