



J-1 Student/Scholar 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, including the length of time they remain in the US during the 30-day grace period. Failure to purchase such insurance will lead to loss of legal status and termination from the program [US Code of Federal Regulations 22 CFR 62.45 (d) & (f)].

Minimum coverage must provide:

- (a.) Medical benefits of at least US \$100,000 per accident or illness;
- (b.) Repatriation of remains in the amount of US \$25,000;
- (c.) Expenses for medical evacuation of the visitor to his/her home country of US \$50,000;
- (d.) A deductible not to exceed US \$500 per accident or illness.

An insurance policy secured to meet the benefits requirements must be 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. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country.

Those J-1 visa holders eligible for the Brandeis Employee or Student Health Plan are reminded that those plans **do not** include coverage for the required medical evacuation and repatriation. J-1 visa holders can find more information on the ISSO website about a separate medical evacuation/repatriation "rider" (through an outside company, which the J-1 visa holder can enroll in on their own). The combination of the Brandeis Employee or Student Health Plan and the medical evacuation/repatriation rider will, together, meet the J visa health insurance requirements.



I understand the insurance requirements as stipulated by federal regulations. 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 of the J-1 visa. I further certify that I have enrolled or will also enroll all dependents who currently accompany me or who will 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 understand that if I willfully fail to purchase appropriate insurance coverage, I am violating my visa status, and Brandeis University will terminate me from its Exchange Visitor program and will notify the U.S. Department of State that I have been terminated. Such action will result in loss of my legal status.

Signature

Name (please print)

Date