



J-1 EXCHANGE VISITOR Health Insurance Requirement Guidelines

Requirement

The United States Department of State (DOS) requires health, accident, repatriation, and medical evacuation insurance for participation in the J-1 Exchange Visitor Program. Drexel University (the sponsor) requires each exchange visitor to have valid insurance that covers the exchange visitor and accompanying dependents during the period of time that the exchange visitor participates in the sponsor's exchange visitor program.

J-1 Exchange Visitors and their J-2 dependents must be covered by sickness and accident insurance **within 15 days** of the start date of the J-1 program and must maintain coverage for the duration of their stay in the United States. Failure to be covered by such insurance **within 15 days** of the J-1 program start date may lead to loss of legal immigration status and termination from the Exchange Visitor Program. The DOS's related regulations to this matter are published in the Code of Federal Regulations [22 CFR 62.14].

Minimum Insurance Coverage

Minimum insurance coverage shall provide all of the followings:

- Medical benefits of at least US\$100,000 per accident or illness
- Repatriation of remains in the amount of US\$25,000
- Expenses associated with the medical evaluation of the exchange visitor to his/her home country in the amount of US\$50,000
- A deductible not to exceed US\$500 per accident or illness
- If you select medical insurance from a US-based company, it must be underwritten by an insurance corporation having:
 - 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
 - a Weiss Research, Inc. rating of B+ or above.

If you are covered by health insurance in your home country, **and the plan will cover you during your stay in the U.S.**, you must bring proof, written in English, of coverage (no exceptions). If you will be covered by the Drexel University health plan, then that coverage is acceptable and you will not need to purchase additional coverage.

An Exchange Visitor who **willfully fails to maintain the insurance** coverage while participating in Drexel University's Exchange Visitor Program, or who makes a material misrepresentation to the sponsor concerning such coverage, shall be deemed in violation of these regulations and shall be subject to termination as a participant (22CFR 514.14 of the Federal Regulations).

J-1 Exchange Visitor Acknowledgement

I hereby confirm that I have read all of the above requirements, and I agree to comply with the health insurance requirements. I understand that not complying with the above requirements throughout my stay in the United States grounds for termination of my J-1 visa and that of any J-2 dependents.

X _____

J-1 Exchange Visitor's Signature

Print Name

____/____/____

Date (mm/dd/yy)



DREXEL UNIVERSITY

International Students and Scholars Services

Student Affairs

J-1 EXCHANGE VISITOR Health Insurance Compliance Form

This form should be completed by the hosting department of the J-1 Exchange Visitor:

J-1 Exchange Visitor Insurance Coverage Information	Last Name:	
	First Name:	
	Start date of coverage:	
	End date of coverage:	

Insurance Company Contact Information	Provider's Name:	
	Company Address:	
	Company Phone:	
	Company Fax:	

By checking the boxes, please indicate whether or not the purchased insurance plan meets each of the below mentioned amounts:

Item	Amount that should be covered (effective 05/15/2015)	The purchased plan covers this amount:	
		Yes	No
Medical benefits	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>
Repatriation of remains	\$25,000	<input type="checkbox"/>	<input type="checkbox"/>
Medical evacuation	\$50,000	<input type="checkbox"/>	<input type="checkbox"/>
Deductible per accident or illness	\$500	<input type="checkbox"/>	<input type="checkbox"/>

X _____	_____	____/____/____
Drexel Supervisor's Signature	Print Name	Date (mm/dd/yyyy)
_____	_____	
E-mail:	Telephone	