

J HEALTH INSURANCE REQUIREMENT VERIFICATION

This form is to be completed by the insurance provider when a J-1 scholar and/or J-2 dependent is not covered by a Washington University Health Insurance plan.

Name of Insurance Provider: _____

Name of Individual(s) Covered: _____

Dates of Coverage: _____

Any item not covered by the insurance plan listed above should be crossed out.

Exchange Visitor Program regulations require that J-1 Exchange Visitors and J-2 dependents carry health insurance meeting specific minimum standards (Code of Federal Regulations - 22 CFR 62.14).

Health insurance must provide the following minimum coverage:

1. Medical benefits of at least \$100,000 (US\$) per accident or illness;
2. Repatriation of remains in the amount of \$25,000 (US\$);
3. Expenses associated with the medical evacuation of the exchange visitor (or accompanying spouse or dependent children) to his or her home country in the amount of \$50,000 (US\$);
4. A deductible not to exceed \$500 per accident or illness.

An insurance policy secured to meet J coverage requirements:

1. May require a waiting period for pre-existing conditions, which is reasonable as determined by current industry standards;
2. May include a provision for co-insurance under the terms which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness;
3. Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any policy, plan, or contract must, at minimum be:

1. Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; or
2. Backed by the full faith and credit of the government of the exchange visitor's home country; or
3. Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
4. Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

I confirm that the insurance plan the above individual(s) is enrolled in meets or exceeds the minimum standards of the J Exchange Visitor Program as outlined above.

Insurance Provider Representative Name & Title

Signature

Date

Insurance Provider Address

Insurance Provider Phone Number

Insurance Provider E-mail