The following statement must be read and signed by the J-1 Exchange Visitor and returned to the Office of Global Services.

All J-1 exchange visitors and their J-2 dependents are required by the U.S. Department of State (DOS) and federal regulations to have medical insurance for the full duration of their J-1 program in the United States. Failure to maintain required health insurance coverage is a violation of J-1 status and may result in the loss of valid immigration status and termination from the J-1 Exchange Visitor Program. Relevant U.S. Department of State regulations are published in the Code of Federal Regulations [22 CFR 62.14].

Please note, the DOS requires the following (as of May 15, 2015), as per regulation [22 CFR 62.14(b)]:

J-1 Exchange Visitors and J-2 dependents must obtain a health insurance policy that meets or exceeds the following benefits:

- Medical benefits of at least $100,000 per accident or illness
- In case of death, repatriation of remains in the amount of $25,000
- Expenses in the amount of $50,000 associated with the medical evacuation of the J Exchange Visitor to their home country
- A deductible amount not to exceed $500 per accident or illness

By signing this form, I attest that I have read the above information on the J-1 health insurance requirements. I pledge to obtain and maintain insurance that meets each of these requirements, for myself and for any accompanying dependents, throughout the duration of my J program.

I also attest that I have read and understand the following DOS regulation: “Exchange visitors who willfully fail to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who make material misrepresentations to the sponsor concerning such coverage will be deemed to be in violation of these regulations and will be subject to termination as an exchange visitor. Sponsors must terminate an exchange visitor’s participation in their program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance.”

J-1 Exchange Visitor’s Name: ________________________________  ________________________________  ________________________________

Last/Family Name   First/Given Name   Middle Name

Student’s Signature: ________________________________  Date: ________________________________