

INSURANCE ATTESTATION FOR J EXCHANGE VISITORS

All Saint Leo University J Exchange Visitors must complete and attest to the following requirements upon arriving in the United States and checking-in with Center for Global Engagement.

According to federal regulations governing the J-1 Exchange Visitor Program [22 CFR 514.14 (h)], the Department of State (DOS) requires that all J-1 Exchange Visitors and their J-2 dependents have sickness and accident insurance for the **entire duration** of their program. Insurance coverage must meet the following minimum benefits [22 CFR 62.14]:

- Medical benefits of **at least \$100,000** per accident or illness
- Repatriation of remains in the amount of **\$25,000** (pays for the scholar's body to be returned to the scholar's home country for burial if the member dies in the US)
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of **\$50,000** (pays for the scholar to return to their home country if a doctor advises the member to return home due to serious illness or injury)
- A deductible not to exceed **\$500** per accident or illness (portion of the cost of treatment that the scholar must pay before the insurance company will begin to pay on a claim. The scholar is not reimbursed for these medical costs)
- 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.

Scholars may use health insurance from their home country or from other US based insurer' provided it meets the Department of State's minimum requirements. To determine if your home country provider plan meets these requirements, contact the insurance provider directly.

Please complete the attestation on the second page of this form



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I understand that it is my responsibility to maintain the required health insurance coverage for myself and my dependent(s) (if applicable) throughout my stay as a J-1 Exchange Visitor. I understand that willful failure to maintain required insurance coverage is considered a serious infraction by the U.S. Department of State which will result in termination of my J-1 status and the status of any J-2 dependents I have with me in the United States.

_____ I certify that I, and my dependents, are enrolled in an insurance plan that meets the federal regulations governing the J-1 Exchange Visitor Program [22 CFR 514.14 (h)].

_____ I may be subject to the requirements of the [Affordable Care Act](#).

_____ I have been advised of these insurance requirements and understand that failure to have insurance in the required amounts will lead to loss of lawful status and termination from the program.

Provide details regarding the insurance plan in which you/your dependents(s) have enrolled:

Insurance Company Name and Address: _____

Policy #: _____ Policy start date: _____ Policy end date: _____

J-1 Exchange Visitor Name: _____

J-1 Exchange Visitor Signature: _____ Date: _____

Additional Notes:

Submit form to global@saintleo.edu