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EXCHANGE VISITOR PROGRAM P-1-00212 HEALTH INSURANCE REQUIREMENT CERTIFICATION FOR J-1 SCHOLARS AND J-2 DEPENDENTS

Today's Date: _____/____ Date of Arrival in U.S.:____/___/

Exchange Visitor:

(Last Name)

(First Name)

(Middle Initial)

I (the exchange visitor) certify that I have obtained health insurance for myself (and for all of my J-2 dependents, if applicable) during my stay in Exchange Visitor Program P-1-00212, and that my health insurance meets the minimum requirements outlined below:

(a) Insurance which covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the sponsor's exchange visitor program. Minimum coverage shall provide:

(1) Medical benefits of at least \$100,000 per accident or illness;

(2) Repatriation of remains in the amount of \$25,000;

(3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and

(4) A deductible not to exceed \$500 per accident or illness.

(b) An insurance policy secured to fulfill the requirements of this section:

(1) May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;

(2) May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and

(3) Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

(c) Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:

(1) Underwritten by an insurance corporation having an A.M. Best rating of ``A-" or above; a MacGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of ``A-" or above; a Weiss Research, Inc. rating of "B+" 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 (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

(d) Federal, state or local government agencies, state colleges and universities, and public community colleges may, if permitted by law, self-insure any or all of the above-required insurance coverage.

(e) At the request of a non-governmental sponsor of an exchange visitor program, and upon a showing that such sponsor has funds readily available and under its control sufficient to meet the requirements of this section, the Department of State may permit the sponsor to self-insure or to accept full financial responsibility for such requirements.

(f) The Department of State, in its sole discretion, may condition its approval of self-insurance or the acceptance of full financial responsibility by the non-governmental sponsor by requiring such sponsor to secure a payment bond in favor of the Department of State guaranteeing the sponsor's obligations hereunder.

(g) An accompanying spouse or dependent of an exchange visitor is required to be covered by insurance in the amounts set forth in Sec. 62.14(a) above. Sponsors shall inform exchange visitors of this requirement, in writing, in advance of the exchange visitor's arrival in the United States.

(h) An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.

(i) A sponsor shall terminate an exchange visitor's participation in its program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance with this section.

[58 FR 15196, Mar. 19, 1993, as amended at 59 FR 34761, July 7, 1994.

Redesignated at 64 FR 54539, Oct. 7, 1999. Amended at 79 FR 60293, October 6, 2014]

I also hereby certify that I understand and accept that my participation in Exchange Visitor Program P-1-00212 will be terminated if International Student and Scholar Services (ISSS) determines that I or any accompanying spouse or child of mine in J-2 status willfully fails to remain in compliance with the U.S. Department of State regulations governing required health insurance coverage for Exchange Visitor Program participants.

Exchange Visitor Signature

Today's Date

This Health Insurance Requirement Certification must be scanned and e-mailed to ISSS (<u>isss@miami.edu</u>) no later than two weeks after the Exchange Visitor's arrival in the U.S.

For further information, visit the International Student and Scholar Services (ISSS) website at <u>www.miami.edu/internationalservices</u> and/or contact your ISSS Advisor at <u>isss@miami.edu</u>

Although your International Scholar Advisor is here to assist you, it is your responsibility to maintain your immigration status. It is imperative that you familiarize yourself with the regulations that govern your status. Failure to comply with these regulations will result in the loss of your exchange visitor status and may subject you to deportation.