

J-1 Exchange Visitor Insurance Compliance Form

Last Name: _____ First Name: _____

I understand that I am required to purchase and maintain medical, repatriation and medical evacuation insurance complying with Department of State requirements as listed on my DS-2019 for me and my dependents in J visa status for the duration of my program.

The requirements are as follows:

1. Medical benefits of at least U.S. \$100,000 per person per accident or illness.
2. Repatriation of remains in the amount of U.S. \$25,000.
3. Expenses associated with medical evacuation in the amount of U.S. \$50,000.
4. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness.

Insurance policies secured to fulfill the requirements of this section:

- May require a waiting period for pre-existing conditions that is responsible as determined by current industry standards;
- May include provisions 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.
- Must not unreasonably exclude coverage for perils inherent of the activities of the exchange program in which the exchange visitor participates.
- Any policy, plan, or contract secured to fill the above requirements must be, at a minimum, be: 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 Rating, 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.

I am also aware that willful failure on my part to maintain the required insurance coverage for myself and my dependents will result in the termination of my J-1 visa status and that of my family. Terminated exchanged visitors cannot apply for reinstatement, extension of stay, change of category, or any other exchange visitor benefits.

I understand that if I request to extend my DS-2019, a travel authorization or other J status action, I am required to purchase and maintain the mandatory insurance for the duration of my exchange program activity.

If I am receiving insurance benefits from the university, the insurance coverage does not have repatriation or medical evacuation benefits. For this reason, I must purchase a supplemental policy that covers #2 and #3 of the list above.

Signature: _____ Date: _____

Rolla Address: _____

Missouri S&T ID: _____ E-mail: _____