

## J-1 Exchange Visitor Health Insurance Acknowledgement Form

---

The U.S. Department of State (DOS) requires all J-1 Exchange Visitors (EVs) and J-2 dependents to obtain minimum levels of health insurance coverage throughout their programs. An EV's willful failure to maintain the required health insurance coverage will result in the termination of his/her participation in the Exchange Visitor Program (EVP). (22 CFR 62.14). Each EV and J-2 dependent must enroll in an insurance plan or policy that:

- Provides medical benefits of at least US\$100,000 per accident or illness;
- Provides at least US\$25,000 for repatriation of remains to the home country in the event of death;
- Provide at least US\$50,000 in medical evacuation coverage to the home country in the event of serious illness or injury upon a doctor's recommendation;
- Requires a deductible of no more than US\$500 per accident or illness;
- May establish a reasonable waiting period before pre-existing conditions (health problems the person had before buying the insurance) are covered – "reasonable" is defined by current insurance industry standards;
- May include co-insurance provisions, but must pay at least 75% of covered medical expenses;
- Does not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the EV participates; and
- Is guaranteed through one of the following means: (1) underwritten by a health insurance corporation rated "A–" or above by A.M. Best, "A–" or above by McGraw Hill Financial/Standard & Poor's Claims-paying Ability, "B+" or above by Weiss Research, Inc., "A–" or above by Fitch Ratings, Inc., "A3" or above by Moody's Investor Services, or other DOS-specified rating; (2) backed by the full faith and credit of the EV's home country's government; (3) is 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 HMO 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.

See [www.manoa.hawaii.edu/fsis/j1/compliance#health](http://www.manoa.hawaii.edu/fsis/j1/compliance#health) for a few insurance plan options and more information.

---

### **J-1 Exchange Visitor's Acknowledgment**

I will obtain and maintain the required levels of health insurance coverage for myself and my J-2 dependents throughout my/our participation in the University of Hawai'i (UH) J-1 EVP. I recognize that my willful failure to maintain coverage constitutes a serious program violation that will result in my termination from the UH program and possibly the loss of my legal immigration status in the U.S. When my UH sponsoring unit and/or FSIS requests proof of insurance coverage, I will provide the documentation immediately.

J-1 EV's signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

### **UH Sponsoring Unit's Acknowledgment**

As the individuals in the UH sponsoring unit who will be responsible for the above-named exchange visitor (EV), we understand the EVP health insurance coverage requirements. If the EV is not complying with these requirements during his/her program, we will immediately notify FSIS. We recognize that if the EV willfully fails to maintain the required coverage for himself/herself and his/her J-2 dependents at any time during the UH program, FSIS is bound by 22 CFR 62.14 to terminate the EV's participation in the EVP.

Faculty sponsor's signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department chair's signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Dir's signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_