



Insurance Compliance Form for J1 Visitors and J2 Dependents

For New/Transfer requests: please ensure the J1 visitor has completed this form when they arrive at ISSS. Their J1 program will not be validated without a completed insurance compliance form.

For J1 extension requests: please include this completed form when you submit your request to extend J status. The J1 program will not be extended without a completed insurance compliance form.

Last Name: _____ First Name: _____ Bear Number: _____

Dependent Name/s: _____

The following information regarding the J program insurance requirements, as defined by the U.S. Department of State, must be read, signed, and returned to the ISSS in order to validate or extend J1/J2 status.\

GENERAL INSURANCE REQUIREMENTS

As an Exchange Visitor in the United States, under a rule effective September 1, 1994, you must carry health/repatriation/evacuation insurance for yourself and your J2 dependents for the full duration of your J program. **Government regulations stipulate that if, after your J program state date, you willfully fail to carry the required insurance for yourself and your dependents, or make a material misrepresentation to the sponsor concerning such coverage, your J1 sponsor must terminate your program, and report the termination to the United States Department of State.**

The J Insurance coverage must provide the following minimum coverage:

- Minimum medical benefit of \$50,000 per person per accident or illness
- Deductible that does not exceed \$500 per accident or illness
- Minimum repatriation of remains in the amount of \$7,500
- Minimum medical evacuation expenses in the amount of \$10,000
- Co-insurance paid by J1 not to exceed 25% of covered benefits per accident or illness

The company providing the insurance must have:

- An A.M. Best rating of "A-" or above
- An Insurance Solvency International, Ltd. (ISI) rating of "A-1" or above
- A Standard & Poor's Claims-paying Ability rating of "A-" or above
- A Weiss Research, Inc., rating of B+ or above; or
- Be backed by the full faith and credit of the exchange visitor's home country

Please note: CIE does not have the expertise to evaluate individual insurance policies. The J1 Exchange Visitor must check with her/his insurance provider to verify the policy meets the minimum insurance requirements set by the U.S. Department of State.

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____

Dates of Coverage: _____

Address: _____

Phone: _____

Policy Number: _____

Email: _____

EVACUATION/REPATRIATION COVERAGE:

Insurance Company Name: _____

Dates of Coverage: _____

Address: _____

Phone: _____

Policy Number: _____

Email: _____

I certify under penalty of perjury the above information is true and correct. I confirm my/our insurance coverage meets the U.S. Department of States' requirements as outlined above. I understand it is **my responsibility** to provide proof of continuous coverage to CIE. **I understand that if I fail to obtain and maintain adequate medical/repatriation/and evacuation insurance for myself and my J2 dependents (if applicable) for the duration of the J program, the University of Northern Colorado is obliged to terminate my J program and will notify the US Department of State of the termination. Such action will result in m loss of legal immigration status.**

J-1 Exchange Visitor's Signature

Date