

**International Student & Scholar Services  
J-1/J-2 Insurance Requirement and Agreement**

New and continuing participants in Stevens' Exchange Visitor Program must complete and return this form along with insurance policy information to the International Student and Scholar Services (ISSS) office at least two weeks prior to their arrival in the U.S. All prospective Exchange Visitors must fully familiarize themselves with the insurance requirements before requesting J-1 sponsorship.

J-1 Exchange Visitors and their J-2 dependents are required by U.S. federal law to have and maintain health insurance for the entire length of the J-1 program in order to keep valid nonimmigrant J status. Health insurance policies purchased by Exchange Visitors must meet specific regulatory requirements, as outlined below and in the Code of Federal Regulations (CFR), Title 22, Section 62.14; the relevant section of the CFR is appended to the end of this document. Additional information on eligibility, including insurance requirements, may be found on the Department of State's website at <http://j1visa.state.gov/participants/how-to-apply/eligibility-and-fees/>. When selecting health insurance, be sure that the coverage you choose will meet your family's specific needs and that the policy complies with the minimum coverage and rating requirements. Please be aware that J-1 Exchange Visitors and J-2 dependents may be subject to the requirements of the Affordable Care Act (ACA); information on the ACA can be found here: <http://www.hhs.gov/healthcare/>. **Failure to comply with insurance requirements will result in the termination of participation in the Exchange Visitor Program.**

**Minimum Insurance Coverage Requirements**

Category of Coverage	Amount
Medical benefits per accident or illness	\$100,000 minimum
Payment for repatriation of remains	\$25,000 minimum
Payment for medical evacuation to home country	\$50,000 minimum
Deductible per accident or illness	\$500 or less

**Insurance Rating Requirements**

Any policy, plan, or contract secured to fulfill the above requirements must, 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 Ratings, 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; **or**
- Backed by the full faith and credit of the government of the exchange visitor's home country; **or**
- Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; **or**
- Offered through or underwritten by a federally qualified Health Maintenance Organization 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.

**ISSS is not responsible for the evaluation of individual insurance policies.** It is the Exchange Visitor's responsibility to verify that the policy meets minimum insurance and rating requirements set forth by the regulations, and to submit evidence of the same in **writing and in English**. Willful failure to maintain insurance coverage for the duration of the program will be considered a violation of the Exchange Visitor Program and will result in the termination of participation in the program. **J-1 employees who opt for Stevens' health insurance plan will be required to purchase supplemental insurance coverage to comply with J-1 insurance requirements.**

**Please complete page 2 of this form.**

Please check a box below; by doing so, you are certifying that you understand your requirement to show proof of insurance (whether primary or supplemental, from Stevens or another institution) that complies with federal regulations under 22 CFR Section 62.14:

- I am a salaried, benefits-eligible Stevens employee opting into Stevens' health insurance plan. Stevens' insurance does not fully meet the J-1 insurance requirements, so I understand that I am required to obtain supplemental insurance.
- I am a salaried, benefits-eligible Stevens employee opting out of Stevens' health insurance plan.
- I am a visiting scholar/professor not eligible for Stevens' employee benefits.
- I am a J-1 student opting into Stevens' health insurance plan.
- I am a J-1 student opting out of Stevens' health insurance plan.

**J-1 and J-2 Insurance Provider Information**

Name of Insurance Company: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

Start Date of Coverage: \_\_\_/\_\_\_/\_\_\_\_\_ End Date of Coverage: \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

List insurance policy coverage for each category below:

1. Medical benefits per accident of illness (must be at least \$100,000):	\$ _____
2. Medical evacuation coverage amount (must be at least \$50,000):	\$ _____
3. Repatriation of remains Coverage amount (must be at least \$25,000):	\$ _____
4. Deductible per accident or illness (not to exceed \$500):	\$ _____

Insurance Rating: \_\_\_\_\_

**J-2 Dependents**

- My dependent(s) (family members) will accompany me to the U.S. in J-2 status.
- My dependent(s) (family members) will not accompany me to the U.S. in J-2 status.
- My dependent(s) (family members) are here with me in the U.S. in J-2 status.

**Complete this section if:** (1) the insurance provider for the J-2 dependent(s) is different from the J-1 OR (2) the insurance provider is the same as the J-1 but the coverage period is different.

**J-2 Insurance Provider Information (if different from above)**

Name of Insurance Company: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

Start Date of Coverage: \_\_\_/\_\_\_/\_\_\_\_\_ End Date of Coverage: \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

List insurance policy coverage for each category below:

1. Medical benefits per accident of illness (must be at least \$100,000):	\$ _____
2. Medical evacuation coverage amount (must be at least \$50,000):	\$ _____
3. Repatriation of remains Coverage amount (must be at least \$25,000):	\$ _____
4. Deductible per accident or illness (not to exceed \$500):	\$ _____

Insurance Rating: \_\_\_\_\_

**Exchange Visitor Certification**

I, the undersigned, agree to abide by the federal regulations outlined herein regarding the Exchange Visitor Program (J) insurance requirements. Further, I attest that my insurance coverage and that of my dependents will remain in effect at all times throughout the entire length of the J-1 program, and that failure to comply with the insurance requirements will result in the termination of my program.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_



**J-1/J-2 Insurance Requirement**  
**Code of Federal Regulations, Title 22, Section 62.14**

**22 C.F.R. § 62.14**

“(a) Sponsors must require that all exchange visitors have insurance in effect that covers the exchange visitors for sickness or accidents during the period of time that they participate in the sponsor’s exchange visitor program. In addition, sponsors must require that accompanying spouses and dependents of exchange visitors have insurance for sickness and accidents. Sponsors must inform all exchange visitors that they, and any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act.

(b) The period of required coverage is the actual duration of the exchange visitor’s participation in the sponsor’s exchange visitor program as recorded in SEVIS in the “Program Begin Date,” and as applicable, the “Program End Date,” “Effective Program End Date,” or “Effective Date of Termination” fields. Sponsors are not authorized to charge fees to their sponsored exchange visitors for the provision of insurance coverage beyond any demonstrable and justifiable staff time. Sponsors are not required to, but may, offer supplemental “entry to exit” coverage (i.e., coverage from the time the exchange visitor departs his or her home country until he or she returns). If the sponsor provides health insurance, or arranges for health insurance to be offered the exchange visitor, via payroll deduction at the host organization, the exchange visitor must voluntarily authorize this action in writing and also be given the opportunity to make other arrangements to obtain insurance. These authorizations must be kept on file by the sponsor.

Minimum coverage must 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 exchange visitors to his or her home country in the amount of \$50,000; and
- (4) Deductibles not to exceed \$500 per accident or illness.

(c) Insurance policies secured to fulfill the requirements of this section:

- (1) May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
- (2) 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; and
- (3) Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

(d) 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 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 Ratings, 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; 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 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.

(e) 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.

(f) 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.

(g) The Department of State may, in its sole discretion, 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.

(h) Accompanying spouses and dependents are required to be covered by insurance in the amounts set forth in paragraph (b) of this section. Sponsors must inform exchange visitors of this requirement, in writing, in advance of the exchange visitor's arrival in the United States.

(i) Exchange visitors who willfully fail to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who make material misrepresentations to the sponsor concerning such coverage will be deemed to be in violation of these regulations and will be subject to termination as an exchange visitor.

(j) Sponsors must terminate an exchange visitor's participation in their program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance with this section.