

INSURANCE COMPLIANCE FORM FOR J-1 SCHOLARS,* J-1 INTERNS, and J-2 DEPENDENTS
(*Short-term Scholars, Research Scholars, Professors, and Specialists)

All J Exchange Visitors are required by FAU regulation (4.009) and the U.S. Department of State (22 CFR Part 62.14) to have appropriate health insurance in effect for the entire duration of their J program. Misrepresenting or willfully failing to maintain the appropriate health insurance coverage will result in program termination. J Exchange Visitors should purchase insurance prior to travelling to the U.S. so that coverage can begin on date of arrival in the U.S. J-1 students enrolled for courses at FAU must contact Student Health Services for insurance verification procedures. J-1 exchange visitors who are eligible for FAU employee benefits can sign up for one of the employee group health plan options and must contact ISSS to purchase the coverage for medical evacuation and repatriation (not included in the group health plans). All other J Exchange Visitors must provide adequate proof of health insurance to ISSS and have two options:

OPTION A: CHOOSE ONE OF THE FOLLOWING FAU-APPROVED PLANS

1. The Florida Atlantic University student/scholar plan:
<http://www.insuranceforstudents.com/plan.php?s=9&l=76>.
 2. The Scholar ICS discount plan: http://www.insuranceforstudents.com/exchange-visitor/int/ev-ics_2009_discount.html
 3. The Scholar Care plan: http://www.insuranceforstudents.com/exchange-visitor/int/ev-ci_2009.html
- For more information on benefits and rates contact Insurance for Students at ifs@insuranceforstudents.com or at 800/556-1235.

Proof of Enrollment: Submit a copy of the payment receipt to ISSS.

OPTION B: SHOW PROOF OF ACCEPTABLE ALTERNATE INSURANCE COMPLIANCE

- Exchange visitors who choose Option B must provide a completed Insurance Compliance Form for J-1 Scholars and J-2 dependents (see below).
- The policy must cover the full period of the period listed on the DS-2019. If the DS-2019 is issued for a period longer than one year, the policy must be purchased for at least one year at a time and renewed thereafter.
- The insurance company must have a U.S. based claims agent address and contact phone number.
- ISSS will **not** review individual policies to determine eligibility.

Proof of enrollment: Provide the Insurance Compliance Form (see reverse side or second page), completed and signed, to ISSS within 10 days of arrival in the U.S.

INSURANCE COMPLIANCE FORM FOR J-1 SCHOLARS, J-1 INTERNS, and J-2 DEPENDENTS

SECTION I: TO BE COMPLETED BY THE EXCHANGE VISITOR

Last/Family Name: _____ First/Given Name: _____

Telephone: _____ Email: _____

Date of Birth (month/day/year): _____ Gender: Male _____ Female: _____

Exchange Visitor Category*: J-1 Scholar** _____ J-1 intern _____ J-2 dependent _____

*This form can be used for J-1 scholars J-1 interns, J-2 dependents, and J-1 students pursuing academic training after program completion. J-1 students who are enrolled in courses must comply with F/J student insurance requirements.

** J-1 Scholar includes the following categories: short-term scholar, professor, research scholar, and specialist.

Exchange Visitor Signature _____ Date (month/day/year) _____

SECTION II TO BE COMPLETED BY THE INSURANCE COMPANY

Insurance Company Name: _____ Policy Number _____

Start Date (Month/Day/Year) _____ End Date (Month/Day/Year) _____

US Claims Agent Address & Phone: _____

The insurance policy meets all requirements listed below (all amounts in US dollars):

1. Medical benefit of minimum \$50,000 per person per accident or illness
2. Deductible does not exceed \$500 per accident or illness
3. Repatriation of remains in the amount of at least \$7,500
4. Medical evacuation expenses in the amount of at least \$10,000
5. Pre-existing condition exclusions of six months or less
6. Underwritten by an insurance corporation with A.M. Best rating of A- or above, ISI rating of A- or above (go to http://edocket.access.gpo.gov/cfr_2002/aprqr/pdf/22cfr62.14.pdf for complete list of options) OR backed by the full faith and credit of the government of the exchange visitor's home country

Insurance Company Representative:

I attest to the fact that the insurance policy covers the above basic benefits for the stated period. I have completed and verified the information on this form:

Name & Position: _____

Signature _____ Date (month/day/year) _____

Stamp _____