





J-1 Exchange Visitors and their J-2 dependents must be covered by sickness and accident insurance for the duration of their stay in the United States. Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program. These Department of State (DOS) regulations are published in the Code of Federal Regulations [22 CFR 62.14].

Minimum health insurance coverage must provide all of the following:

- Medical benefits of at least \$50,000 per accident or illness;
- In case of death, repatriation of remains in the amount of \$7,500;
- In case of serious illness or injury, payment of expenses associated with the medical evacuation of the Exchange Visitor to his or her home country in the amount of \$10,000;
- A deductible not to exceed \$500 per accident or illness.

**It is FAU policy that all J1 exchange must purchase the FAU recommended insurance, available upon arrival, there is no exception. For more information about the plan see [www.insuranceforstudents.com](http://www.insuranceforstudents.com). Failure to purchase this insurance is considered a serious breach of the J1 status and will lead to termination of said status by the International Student and Scholar Services.**

According to the regulations: "An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above . . . or who makes a material misrepresentation to the sponsor [Florida Atlantic University] concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant." [22 CFR 62.14(h)]

All J-1 scholars at FAU must sign a Statement of Compliance form for the International Student and Scholars Office stating that they understand and will comply with the J Exchange Visitor Program health insurance requirements as outlined above.

**ALL J1 EXCHANGE VISITORS MUST SIGN THE FOLLOWING STATEMENT:**

I understand the insurance regulations as stipulated by the Department of State (DOS) , and I certify that per FAU rules I will enroll in their recommended insurance plan. I further certify that I will also enroll all dependents who currently accompany me or who follow to join me in J-2 visa status. I also understand that if I willfully fail to purchase the FAU recommended insurance, the University is obligated to terminate me from its Exchange Visitor Program and will notify the DOS that I have been so terminated. Such action will result in the loss of my immigration status.

**Signature of Exchange Visitor Applicant**

**Printed Name of Applicant**

**Date: (Mo/Day/Yr)**

---

---

---