

**FLORIDA ATLANTIC UNIVERSITY**  
**NOTIFICATION OF INSURANCE REQUIREMENT**

**Insurance Requirement:** Under the regulations of the United States Department of State, all individuals who receive a Form DS-2019 (J visa document) and enter the U.S. in J-1 exchange visitor status will be required to have medical insurance to cover themselves and any accompanying J-2 dependents for the entire duration of their programs [22 CFR 62.14]. Due to the regulations pertaining to insurance coverage for exchange visitors, we will not accept month to month coverage. All exchange visitors are required to show proof of coverage for the entire duration of their program.

**YOU WILL BE ASKED TO SHOW PROOF OF INSURANCE ON DAY 1 OF YOUR PROGRAM. FAILURE TO COMPLY WITH THE INSURANCE REGULATIONS MAY RESULT IN PROGRAM TERMINATION.**

**PROOF OF COVERAGE IS REQUIRED FROM YOUR START TO YOUR END DATE OF THE PROGRAM.**

**The insurance coverage must provide the following minimum coverage:**

1. Medical benefits of at least \$ 100,000 per accident or illness;
2. Repatriation of remains: \$25,000;
3. Medical Evacuation: \$50,000;
4. Deductible of \$500 or less per accident or illness;
5. Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.;
6. Cannot unreasonably exclude coverage for perils inherent to activities of EV program;
7. Waiting period for pre-existing conditions that is reasonable by current industry standards.

**The company providing the insurance must have:**

1. A.M. Best rating of A- or above;
2. McGraw Hill Financial/Standard & Poor's Claims-paying ability rating of A- or above;
3. Weiss Research, Inc. rating of B+ or above;
4. Fitch Ratings, Inc. rating of A-;
5. Moody's Investor Service rating of A3 or above; or
6. Such rating as the DOS may specify; or
7. Backed by EV's home government; or
8. Part of health benefits program offered on a group basis to employees or enrolled students; or
9. Offered through or underwritten by an HMO or eligible Competitive Medical Plan as determined by Centers for Medicare and Medicaid.

You can find many insurance companies online. For your convenience, below are links where you can find information on purchasing insurance: [www.insuranceforstudents.com](http://www.insuranceforstudents.com); <https://www.insubuy.com>; <https://www.psiservice.com>; <http://www.betins.com>; <https://www.internationalinsurance.com/students/j-1-visa.php>. You are **not** required to use any of the above links to purchase your insurance. You are responsible for making sure that the coverage you select, and company you select, meets the insurance regulations and provides coverage for the entire duration of your visit.

**INSTRUCTIONS: Please select one of the statements below that indicates how you plan to meet the insurance requirement.**

<input type="checkbox"/>	I am eligible for health insurance through FAU as an employee. (You <b>WILL NEED</b> to purchase Repatriation and Medical Evacuation coverage separately). Medical Evacuation and Repatriation plan information can be found at: <a href="https://www.insuranceforstudents.com/insurance-plans/medical-evacuation-repatriation">https://www.insuranceforstudents.com/insurance-plans/medical-evacuation-repatriation</a>
<input type="checkbox"/>	I plan to or have purchased insurance from an insurance company that provides a policy with all required limits and is rated as described above.
<input type="checkbox"/>	I will have insurance coverage backed by my home government and the insurance is accepted as coverage in the United States. ( <b>Please provide documentation in English</b> ).

**I understand that I am required to maintain health insurance with the minimum coverage as specified above for myself and any accompanying dependents. I hereby affirm that I have obtained or will obtain the required insurance by the time I begin my program with Florida Atlantic University, and I will provide proof of coverage. Exchange visitors who willfully fail to comply with the insurance requirements, or who make "material misrepresentations" of their compliance with the regulations will be subject to the termination of their J1 program. The insurance will be active for the effective period of all valid forms DS-2019 issued to me.**

\_\_\_\_\_  
Exchange Visitor Signature

\_\_\_\_\_  
Exchange Visitor Name (Print)

\_\_\_\_\_  
Date