University of South Florida
International Services
J-1 Exchange Visitor Program No. P-1-03445

J Scholar Alternate Health Insurance Compliance Form

Department of State Exchange Visitor Program Regulations require Exchange Visitor Program participants including all J-1 and J-2 dependents (Short-term Scholars, Research Scholars, Professors, Specialists and Students, etc.) to have health insurance in effect for the entire duration of their J program. Failure to maintain health insurance is a violation of the J visa status and will subject all participants to departure from the United States. The Department of State regulations are located in the Code of Federal Regulations (22CFR, Part 62.14) available online at http://www.exchanges.state.gov/jvisa.

The USF Student Health Services plan fully covers the requirements and is recommended. However, if you have a different plan, you must complete this form to ensure compliance. Have this form completed by the health insurance company and return it to our office. If your policy does not meet the requirements, you will need to purchase the USF plan.

This Section Is To Be Completed By The Scholar

Last/Family Name____ First Name___________________________________

Date of Birth (month/day/year)__________________________ Country of Citizenship________________________________

Email____ Phone Number_________________________________

Address____

Signature____ Date______________________________

This Section Is To Be Completed By The Insurance Company

Insurance Company Name____ Policy Number_______________________________

Phone Number____________________________________ Dates of Coverage____

US Claims Agent Address____

Please check YES or NO to each item below to indicate whether the listed benefits are provided in the insurance plan.

YES	NO	BENEFITS
		Medical benefits of at least **$100,000** per accident or illness
		Repatriation of remains in the amount of **$25,000**
		Expenses associated with the medical evacuation of the exchange visitor to home country in the amount of **$50,000**
		A deductible not to exceed **$500** per accident or illness
		Includes coverage for perils inherent to the activities of the program in which the insured participates

Select 1	This policy, plan or contract must be:
	Underwritten by an insurance corporation having an A.M. Best rating of “A-” or above, an Insurance Solvency International, Ltd (ISI) rating of “A-” or above, a Standard & Poor’s Claims-paying Ability rating of “A-” or above, a Weiss Research, Inc. rating of “B+” or above, or such other rating as the Department of State may from time to time specify; or
	Backed by the full faith & credit of the government of the insured’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 (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the US Dept of Health & Human Services.

I certify that the insurance policy covers the above basic benefits for the stated period. I have completed and verified the information on this form. Insurance Representative’s Name & Position____

Signature____Date____________________________

3/3/15