J-1 EXCHANGE VISITOR HEALTH INSURANCE REQUIREMENTS ACKNOWLEDGEMENT FORM

The U.S. Department of State (DOS) requires all J-1 exchange visitors and J-2 dependents to obtain adequate health insurance coverage for the duration of their programs in the U.S. The DOS regulations pertaining to the Exchange Visitor Program are published in the Code of Federal Regulations (22 CFR § 62.14).

An exchange visitor's willful failure to maintain health insurance coverage meeting the DOS requirements may result in the termination of his/her participation in the Exchange Visitor Program and the loss of his/her legal immigration status.

The plan/policy must meet the following minimum coverage requirements (all amounts are in USD):

- Provide medical benefits of at least $50,000 per accident or illness
- Provide repatriation coverage of at least $7,500
- Provide medical evacuation coverage to home country of at least $10,000
- Maximum deductible of $500 per accident or illness
- May require a waiting period for pre-existing conditions which is reasonable under current industry standards
- May include a provision for co-insurance which requires the exchange visitor to pay up to 25% of the covered benefits per accident or illness
- Does not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates
- Coverage is guaranteed through at least **one** of the following means:
  - Insurance policy is underwritten by a health insurance company rated:
    - "A-" or above by A.M. Best or
    - "A-i" or above by Insurance Solvency International (ISI) or
    - "A-" or above by Standard & Poor's Claims Paying Ability or
    - "B+" or above by Weiss Research, Inc. **OR**
  - Policy is backed by the full faith and credit of the government of the J-1's home country **OR**
  - Policy is part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor **OR**
  - Policy is offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the U.S. Dept. of Health & Human Services.

J-1 EXCHANGE VISITOR

I have read and I understand the above information. I agree to obtain health insurance coverage for myself and for my J-2 dependents that meets the above requirements for the duration of my/our participation in the University of Hawaii's J-1 Exchange Visitor Program. I understand it is my sole responsibility to maintain the required health insurance coverage for the duration of my program and that my willful failure to do so constitutes a violation of my status, which may result in the termination of my participation in the Exchange Visitor Program and the loss of my legal immigration status. I agree to provide documentary evidence of my health insurance coverage to my UH sponsoring unit and/or Faculty and Scholar Immigration Services (FSIS) if such evidence is requested.

_____ _____ _____

J-1 Signature Print J-1 Name Date

UNIVERSITY OF HAWAII SPONSORING UNIT

As the UH sponsoring unit of the above-named Exchange Visitor (EV), we understand the above information regarding the health insurance coverage requirements of the Exchange Visitor Program. If the EV is not complying with these health insurance requirements during his/her program, we will immediately consult with FSIS. We recognize that if an EV willfully fails to maintain adequate health insurance coverage for himself/herself and his/her dependents for the duration of his/her UH program, UH is bound by federal law to terminate the EV's participation in the Exchange Visitor Program.

_____ _____ _____

UH Dean/Director Signature Print Name Date

_____ _____ _____

UH Dept. Chair Signature Print Name Date

_____ _____ _____

UH Faculty Sponsor/P.I. Signature Print Name Date

University of Hawaii at Manoa
International Student Services
2600 Campus Rd., QLCSS 206, Honolulu, HI 96822
Phone: (808) 956-8613 Fax: (808) 956-5076

HEALTH INSURANCE RESOURCES

GENERAL INSURANCE INFORMATION

- The Exchange Visitor Health Insurance Requirement www.hawaii.edu/fsis/j-1/info/us.html#health
- U.S. Department of State Exchange Visitor Program exchanges.state.gov/jexchanges/visitors/eligibility.html

UH STUDENT HEALTH INSURANCE PLAN

- University of Hawaii Student Health Insurance Plan www.hawaii.edu/fsis/j-1/info/uhhealth.html
- UH Student Health Plan Guide to Benefits www.hmsa.com/portal/?gid=student&pg=1
- UH Student Health Plan Rates www.hmsa.com/portal/?gid=student&pg=8#rates
- UH Student Health Plan Request for Eligibility www.hawaii.edu/shs/images/request.pdf
- UH Student Health Plan Application www.hmsa.com/portal/student/pdfs/enrollment_form.pdf

ALTERNATIVE HEALTH INSURANCE PLANS

- International Student Organization: COMPASS Gold www.isoa.org
- International Student Organization: COMPASS Silver www.isoa.org

MEDICAL EVACUATION & REPATRIATION INSURANCE

Required for exchange visitors who have the UH employee health insurance plan (EUTF HMSA or Kaiser) or the UH Manoa student health insurance plan.

- International SOS Medical Evacuation & Repatriation Insurance Plan www.internationalsos.com/visitorusa