International Student Services
2600 Campus Road, QLCSS Rm#206, Honolulu, HI 96822
Phone: (808) 956-8613, Fax: (808) 956-5076

J-1 STUDENT HEALTH INSURANCE PROVIDER CERTIFICATION FORM

J-1 Student: _____
print full name

☐ Check if form is for J-2(s) who arrived/will arrive separately from the J-1

This section must be completed by the health insurance provider's authorized agent/employee

The U.S. government requires all J-1 Exchange Visitor Program participants and their J-2 dependents to maintain minimum health insurance coverage for the duration of their programs in the U.S. Sponsoring institutions are required to ensure that J-1 participants and their J-2 dependents are complying with the requirements (22 C.F.R. § 62.14). Contact International Student Services if you have questions. New students: Submit this form immediately upon arriving at UHM. Continuing students: Submit when required by IH Hold.

Name(s) of insured individual(s):

_____ _____
print full name print full name

_____ _____
print full name print full name

_____ _____
print full name print full name

Insurance provider: _____

Policy/Plan type: _____ Dates: _____ to _____
mm/dd/yyyy mm/dd/yyyy

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.

The minimum coverage requirements stated above are provided by this policy/plan. I am qualified to make this determination as an authorized agent/employee of the above insurance provider.

_____ _____
Signature Date

_____ _____
Name Title