INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAIʻI AT MĀNOA
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J-1
Student

HEALTH INSURANCE PROVIDER CERTIFICATION FORM

The U.S. government requires all J-1 exchange visitors and their J-2 dependents to maintain minimum health insurance coverage for the duration of their academic programs in the U.S.

STEP 1. This form must be completed by the health insurance provider

Health Insurance Information

Health Insurance Company Name	Policy Plan/Type or Number
Name of Primary Insured	Dates of Coverage (mm/dd/yyyy – mm/dd/yyyy) Start: End:
Name(s) of any spouse or child (attach additional sheet if necessary)	
1.	3.
2	4.

Required minimum coverage for J-1 and J-2:

Kind of Coverage	Specific Level of Coverage
Medical Benefit	At least USD 100,000 per accident or illness
Repatriation of Remains	At least USD 25,000
Medical Evacuation	At least USD 50,000
Deductible per accident or illness	At most USD 500

- May establish a reasonable waiting period before pre-existing conditions are covered – “reasonable” is defined by current insurance industry standards;
- May include co-insurance provisions, but must pay at least 75% of covered medical expenses;
- Does not unreasonably exclude coverage for perils inherent to the activities of the University of Hawaii J-1 Exchange Visitor Program in which the insured exchange visitor participates; and
- Is guaranteed through one of the following means:
  - (1) underwritten by a health insurance corporation rated
    - “A-“ or above by A.M. Best,
    - “A-“ or above by McGraw Hill Financial/Standard & Poor’s Claims-paying Ability,
    - “B+” or above by Weiss Research, Inc.,
    - “A-“ or above by Fitch Ratings, Inc.,
    - “A3” or above by Moody’s Investor Services
  - (2) backed by the full faith and credit of the J-1’s home country’s government OR
  - (3) is part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor OR
  - (4) offered through or underwritten by a federally qualified HMO or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

Certification

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

Signature of Representative of Health Insurance Plan	Date
Printed Name of Representative of Health Insurance Plan	Title of Representative of Health Insurance Plan

STEP 2. Student submit this completed form to International Student Services