



International Programs
25800 Carlos Bee Blvd, SF 102
Hayward, CA 94542
Phone: 510 885 2880 Fax 510 885 2787

J Scholar Health Insurance Agreement

I, _____, understand that as a condition of becoming a J Exchange Visitor to
print name
the United States, I and my dependents who accompany me are required by the United States Department of State to be covered by appropriate health insurance with specifications outlined below (22 CFR 62) for the duration of my J-1 program. I agree that within one week of my arrival in the United States, I will go to the Center of International Education to present proof of purchase in English of appropriate health insurance for myself and any dependents accompanying me or purchase health insurance at the Center for International Education.

U.S. Department of State Health Insurance Requirements for J Exchange Visitors effective 05/15/2015:

1. Medical benefits of at least **\$100,000.00 US dollars** per accident or illness;
2. Co-Payment must not exceed **25%** of each bill;
3. Repatriation of remains in the amount of **\$25,000.00 US dollars**;
4. Expenses associated with the medical evacuation of the student to his or her home country in the amount of **\$50,000.00 US dollars**;
5. The deductible must not exceed **\$500.00 US dollars** per accident or illness;
6. Additional US Health Insurance Regulations: In addition to the regulations governing J Exchange Visitors, another US law requires health insurance coverage. Under the "Affordable Care Act [22 CFR 62.14 (a)]
7. The policy must be underwritten by an insurance company:
 - Having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of B+ or above; or
 - Backed by the full faith and credit of the home country government; 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 U.S. Department of Health and Human Services.

Signature of J Exchange Visitor

Date