MANDATORY INSURANCE REQUIREMENTS: J-1 & J-2 VISA HOLDERS

Pursuant to the U.S. Department of State regulations and the U.S. Code of Federal Regulations governing Exchange Visitor Programs, all J-1 and accompanying J-2 family members are required to obtain health, accident, medical evacuation and repatriation of remains, insurance coverage while in the United States. The insurance policies must cover the exchange visitor and all accompanying dependents in J-2 status.

Be sure to provide our office with proof of insurance each time you renew your insurance policy.

Minimum health insurance coverage must provide:
- Medical benefits of at least $50,000 per accident or illness;
- Repatriation or remains in the amount of $7,500;
- Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of $10,000; and,
- A deductible not to exceed $500 per accident or illness.

The insurance policy must be underwritten by an insurance corporation having an A.M. Best rating of “A-“ or above, and Insurance Solvency International, Ltd. (ISI) rating “A-“ or above, a Standard & Poor’s Claims-Paying Ability of “A-“ or above, a Weiss Research, Inc. rating of “B+” or above, or such other rating services as the Department of State may from time to time specify. Insurance coverage backed by the full faith and credit of the government of the exchange visitor’s home country shall be deemed to meet this requirement.

Any exchange visitor who willfully refuses to comply with this requirement shall be considered to be in violation of his/her exchange visitor status. The program sponsor is obligated to inform the U.S Department of State of exchange visitor non-compliance.

UGA Blue Cross Blue Shield Insurance DOES NOT cover Medical Evacuation & Repatriation – you must purchase this separately.

*PLEASE COMPLETE THE FOLLOWING CERTIFICATION AND RETURN THIS TO THE OFFICE OF INTERNATIONAL EDUCATION. THIS MUST BE RECEIVED, ALONG WITH EVIDENCE OF INSURANCE COVERAGE, WITHIN THE FIRST WEEK OF YOUR STAY FOR INITIAL PROGRAMS, OR BEFORE THE EXTENDED DS-2019 FORM IS GIVEN TO YOU FOR EXTENSION OF J-1 PROGRAMS*

Insurance documentation from outside the country MUST be submitted in English.
I certify that I have read and understand the information above concerning the Department of State’s requirement for exchange visitors and accompanying dependents to have insurance. I am in compliance and have obtained the appropriate insurance coverage for myself and my J-2 dependents (if applicable) as indicated above.

Please check one in the statement below with regard to UGA health insurance:
___ I have   OR   ___ I do not have    UGA sponsored BC/BS health insurance

________________________________________         _________________________________
SIGNATURE      DATE

________________________________________________________
PRINT NAME

_____________________________________
_________________________________
NAME OF INSURANCE COMPANY   EXPIRATION DATE OF INSURANCE

If covered under UGA insurance, list name of “Medical Evacuation & Repatriation” company also.