

## International Center Health Insurance Compliance Form

Department of State regulations require Exchange Visitor Program sponsors to monitor insurance coverage for all J-1 and J-2 participants under their sponsorship. While no recommendations are made on specific policies or carriers, the regulations do establish minimum coverage as follows:

- 1) Medical benefits of at least \$50,000 per accident or illness;
- 2) Repatriation of remains in the amount of \$7,500;
- 3) Expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000.

An insurance policy secured to fulfill these requirements must provide coverage for activities inherent to the exchange program but may impose the following conditions:

- 1) A waiting period for pre-existing conditions as long as the waiting period is reasonable by current industry standards;
- 2) A co-payment not greater than 25%;
- 3) A deductible not to exceed \$500 per accident or illness.

In addition to the standards for coverage, the regulations also set forth rating requirements for acceptable policies. Coverage backed by the full faith and credit of the government of the exchange visitor's home country are exempt from these rating requirements.

**Important:** Department of State regulations require insurance coverage to be in place from the time the exchange visitor enters the program and throughout the duration of the program. Minnesota State University, Mankato is required to terminate an exchange visitor's participation in the program if the visitor and/or his/her dependents willfully fail to comply with and maintain the required insurance coverage.

*I verify that I have read the information contained above and that I will comply with the insurance regulations as specified by the U.S. Department of State. I understand that it is my responsibility to maintain health insurance coverage for myself and any J-2 dependents for the duration of my J-1 program. I also understand that failure to comply with these requirements will result in my termination from the exchange visitor program.*

Name (please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed form and copies of insurance documents to the International Student Office, Minnesota State University, Mankato, CSU 250, Mankato, MN 56001; fax: 507-389-2790**

*(We recommend that you keep a copy for your records.)*