

Insurance Compliance Form for J-1 Visitors and J-2 Dependents

Last Name of J-1 Visitor: _____ First Name: _____ Email Address: _____

Dependent Name(s): _____

The following information regarding the J program insurance requirements, as defined by the U.S. Department of State must be read, signed, and returned to ISSS in order to validate or extend J1/J2 status.

GENERAL INSURANCE REQUIREMENTS

As an Exchange Visitor in the United States, under a rule effective September 1, 1994, you must carry health AND repatriation/evacuation insurance for yourself and your J-2 dependents for the full duration of your J program. **Government regulations stipulate that if, after your J program start date, you willfully fail to carry the required insurance for yourself and your dependents, or make a material misrepresentation to the sponsor concerning such coverage, your J-1 sponsor must terminate your program, and report the termination to the United States Department of State.** Minimum requirements are listed in the table below.

Medical benefits- per accident or illness	\$100,000
Repatriation of remains	\$25,000
Medical evacuation	\$50,000
Deductible per accident or illness	\$500

For a listing of insurance providers, please go to http://www.k-state.edu/iss/scholars-interns/j-exchange-visitor-program/info_for_ev.html. This is not a comprehensive list. You are able to use any provider so long as the insurance policy meets the above minimum requirements.

Please note: ISSS does not have the expertise to evaluate individual insurance policies. The J-1 Exchange Visitor must check with his/her insurance provider to verify the policy meets the minimum insurance requirements set by the U.S. Department of State.

MEDICAL INSURANCE INFORMATION:

Insurance Company Name: _____ Coverage Begin Date: _____ End Date: _____

Address: _____ Phone: _____

Policy Number: _____ E-mail: _____

EVACUATION/REPATRIATION COVERAGE:

Insurance Company Name: _____ Coverage Begin Date: _____ End Date: _____

Address: _____ Phone: _____

Policy Number: _____ E-mail: _____

I certify under penalty of perjury the above information is true and correct. I confirm my/our insurance coverage meets the U.S. Department of States' requirements as outlined above. I understand it is **my responsibility** to provide proof of continuous coverage to ISSS. **I understand that if I fail to obtain and maintain the adequate medical/repatriation/and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, Kansas State University is obliged to terminate my J program and will notify the U.S. Department of State of the termination. Such action will result in my loss of legal immigration status.**

J-1 Exchange Visitor's Signature

Date

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