

J Health Insurance Compliance Form

J-1 visitors and their ~~2~~ dependents are required to be covered by sickness and accident insurance that meets the Department of State (DOS) requirements for the duration of their participation in Western New England University's J-1 exchange visitor program. Failure to comply may result in the termination of the scholar's program. DOS regulations are published in the Code of Federal Regulations 22 CFR 62.14

Minimum coverage health insurance must cover:

- x Medical benefits of at least \$100,000 per accident or illness
- x Repatriation of remains in the amount of \$25,000
- x Expenses associated with the medical evacuation of the exchange visitor to the home country in the amount of \$50,000
- x A deductible not to exceed \$500 per accident or illness. A policy underwritten by an insurance carrier with:
 - o an A.M. Best rating of "A" or above;
 - o a McGraw Hill Financial/Standard & Poor's Claims paying Ability rating of "A" or above;
 - o a Weiss Research, Inc. rating of "B+" or above;
 - o a Fitch Ratings, Inc. rating of "A" or above;
 - o a Moody's Investor Services rating of "A3" or above

If you have purchased insurance on your own or from your government, your insurance must meet the limits above. Please note that repatriation and medical evacuation may not be included in your policy; check your policy/coverage.

Information on your insurance provider:

Name of Insurance Company: _____

Company Location: (city, state): _____

Insurance Policy Number: _____

Coverage Details Effective From: _____ To: _____ or _____ Indefinite (DOS)

Are all ~~2~~ dependents covered by health insurance coverage?

Yes No Does not apply/I have ~~no~~ dependents

Do you understand that you must maintain the required health insurance coverage for the duration of your J-program dates as listed on your Form ~~DOS~~ 9?

Yes No

I certify that the above information is true and accurate to the best of my knowledge. I have read the above mentioned information and understand my legal obligations.

Name: _____

Date: _____

Signature: _____

Please return this completed form via email toss@wne.edu within 7 days of arrival to campus