

Health Insurance Form A:

INSTRUCTIONS: In order to participate in the J-1 Exchange Visitor Program, CICD must verify that the trainee/intern applicant will carry health insurance for the full duration of the training/internship program. This health insurance must meet or exceed the minimum requirements that are listed on the second page of this document. Please have your health insurance provider complete this form specifying the details of your coverage. **A representative of the health insurance company must complete, then print and sign the form before returning this document to CICD.**

Insurance Coverage Information

Name of covering Health Insurance Company: _____

Insurance Policy Number: _____

Name of Insured Participant: _____

Insurance Coverage Start Date: _____

Insurance Coverage End Date: _____

Name of Currency used in policy claims: _____

3) Complete either 'a' or 'b':

- a. Amount covered per accident or sickness for regular and customary expenses: \$ _____
- b. Provides _____% of regular and customary medical expenses per accident

4) Amount of deductible per accident or sickness: _____

5) Complete either 'a', 'b', or 'c'

- a. Insurance underwriter agency name:

_____ and rating: _____

- b. Backed by the full faith and credit of applicants home country? Yes No

- c. Offered through or underwritten by a federally qualified HMO or CMP (List the name of the organization):

Note: If there is no limit to coverage write "unlimited" in the space provided

- 1) Amount covered in case of medical evacuation:
\$ _____

- 2) Amount covered in case of repatriation of remains: \$ _____

By signing below, the insurance company representative confirms that the above-specified individual will carry health insurance valid in the United States with the coverage limits listed above for the duration indicated.

Insurance Representative Name: _____

Title: _____



Signature: _____

Date: _____

U.S. Department of State Minimum Health Insurance Requirements

U.S. Department of State Minimum Health Insurance Coverage for J-1 Trainees/Interns and Accompanying Dependents

J-1 Trainees/Interns must have the following minimum insurance coverage:

- 1. A minimum of \$50,000 U.S. dollars in case of medical evacuation.**
- 2. A minimum of \$25,000 U.S. dollars in case of repatriation of remains.**
- 3. A minimum of the following amounts of health insurance coverage:**
EITHER
\$100,000 U.S. dollars of regular and customary medical expenses per accident or sickness
OR
75% of regular and customary medical expenses per accident or sickness
- 4. A maximum deductible of \$500 U.S. dollars per accident or sickness.**
- 5. Policy may require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards.**
- 6. Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which you, the exchange visitor, will be participating.**
- 7. EITHER**

Be underwritten by an insurance corporation with one of the following ratings:

- a. A.M. Best rating of "A-" or above**
- b. McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above**
- c. Weiss Research, Inc. rating of "B+" or above**
- d. Fitch Ratings, Inc. rating of "A-" or above;**
- e. Moody's Investor Services rating of "A3"**

OR

Be backed by the full faith and credit of the government of your home country

OR

Be 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