LSUHSC-34

Certificate of Health, Accident, Medical Evacuation and Repatriation Insurance

U.S. Department of State (DOS) regulations in 22CFR Part 62.14 requires that each J-1 Exchange Visitor and J-2 dependents have insurance for sickness and accident. As of May 15, 2015, Minimum coverage must include:

1) Medical benefits of no less than $100,000 per accident or illness
2) Repatriation of remains in the amount of $25,000
3) Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of $50,000
4) A deductible not to exceed $500 per accident or illness
5) Co-insurance not to exceed 25% paid by beneficiary

Above requirements, at a minimum, must be:

- Underwritten by an insurance corporation having an A.M. Best rating of “A—“ or above; an Insurance Solvency International Ltd. Rating of “A—i” or above; a Standard and Poor’s Claims paying Ability rating of “A—“ or above; A Weiss Research, Inc. rating of “B+” or above, or such other rating as the Agency may from time to time specify; OR
- Backed by the full faith and credit of the government of the exchange visitor’s home country; OR
- Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; OR
- 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

J-1 Exchange Visitor Certification

I certify enrollment in the below named insurance program which will be maintained for myself and J-2 dependents (if applicable) throughout my participation in the exchange visitor program at the LSUHSC. I will notify and provide appropriate documentation of any changes to International Services, as well as required coverage upon request for any J benefits, including but not limited to extension and travel. I further understand that a willful failure on my part to obtain and maintain insurance to meet the requirements above for myself and J-2 dependents (if applicable), may be cause for termination of my program.

Please Print:
J Exchange Visitors’ Last Name: _______________________________ First Name: _______________________________

J Exchange Visitors’ Signature: _______________________________ Date: ________________

Insurance Company Certification

I certify the above named individual and dependents (if applicable) have the insurance required by the U.S. Department of State in 22 CFR Part 62.14 for J exchange visitors as specified above.

(Name of Insurance Company)       (Telephone)

(Address)           (Email Address)

☐ Medical benefits of no less than $100,000 per accident or illness
☐ A deductible not to exceed $500 per accident or illness
☐ Co-insurance not to exceed 25% paid by beneficiary
☐ Repatriation of remains in the amount of (no less than) $25,000
☐ Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of (no less than) $50,000

☐ Number of dependents: ________ included in above coverage. ☐ Spouse ☐ Child/Children

Policy Effective Date: __________ (month/day/year) Expiration Date: __________ (month/day/year) Number: __________________________

Signature of Insurance Agent/Broker

Agent/Broker Name: _______________________________ Telephone: _______________________________

Address: __________________________________________ Email ________________

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