

# 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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_  
(month/day/year) (month/day/year)

\_\_\_\_\_  
Signature of Insurance Agent/Broker Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_