University of Colorado Boulder

For New/Transfer requests: please ensure the J1 visitor has completed this form when they arrive at ISSS. Their J1 program will not be validated without a completed insurance compliance form.
For J1 extension requests: please include this completed form when you submit your request to extend J status. The J1 program will not be extended without a completed insurance compliance form.

INSURANCE COMPLIANCE FORM FOR J1 VISITORS and J2 DEPENDENTS

Last Name of J1 Visitor: _____ First Name: _____ Date of Birth: _____

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/repatriation/evacuation insurance for yourself and your J2 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 J1 sponsor must terminate your program, and report the termination to the United States Department of State.**

The J insurance coverage must provide the following minimum coverage:	The company providing the insurance must have:
• Minimum medical benefit of $50,000 per person per accident or illness • Deductible that does not exceed $500 per accident or illness • Minimum repatriation of remains in the amount of $7,500 • Minimum medical evacuation expenses in the amount of $10,000 • Co-insurance paid by J1 not to exceed 25% of covered benefits per accident or illness	• An A.M. Best rating of “A-“ or above • An Insurance Solvency International, Ltd. (ISI) rating of “A-1” or above • A Standard & Poor’s Claims-paying Ability rating of “A-“ or above • A Weiss Research, Inc., rating of B+ or above; or • Be backed by the full faith and credit of the exchange visitor’s home country

Please note: ISSS does not have the expertise to evaluate individual insurance policies. The J1 Exchange Visitor must check with her/his 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: _____ Dates of Coverage: _____

Address: _____ Phone: _____

Policy Number: _____ Email: _____ __

EVACUATION/REPATRIATION COVERAGE:

Insurance Company Name: _____ Dates of Coverage: _____

Address:_____ Phone: _____

Policy Number: _____ Email: _____

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 adequate medical/repatriation/and evacuation insurance for myself and my J2 dependents (if applicable) for the duration of the J program, the University of Colorado is obliged to terminate my J program and will notify the US Department of State of the termination. Such action will result in my loss of legal immigration status.**

_____ _____
J-1 Exchange Visitor’s Signature Date

Revised 11/17/2011 MZ