



J Insurance Compliance Form

J Insurance Requirement

According to immigration regulations, J-1 exchange visitors and accompanying J-2 dependents are required to maintain comprehensive medical insurance with evacuation and repatriation coverage that meets U.S. government minimum requirements beginning on the start date of the J-1 program continuing to the end of the J-1 program.

- There cannot be any breaks or lapses in insurance coverage even if one travels outside the U.S for an extended period of time during the J program.
- Please refer to the minimum benefit levels indicated in the regulation (22 CFR 62.14) and on the [Department of State's J Exchange Visitor Program website](#).

ISSS must terminate the SEVIS record of a J exchange visitor who:

- 1) does not provide ISSS with valid insurance compliance information by the start of the CU Boulder J program;
- 2) does not submit an updated *Insurance Compliance Form* when the previously reported insurance expires, changes, and/or the J-1 exchange visitor seeks to extend the J-1 program.

The willful failure to carry the required insurance for yourself and, if applicable, your J-2 dependent(s), or material misrepresentation of insurance coverage will result in the termination of your J program and legal status in the U.S.

J Insurance Compliance Information

Passport Name: _____ Date of Birth: _____
LAST/FAMILY Name First & Middle Name Month/ Day/ Year

CU Boulder Program Start Date: _____ CU Boulder Program End Date: _____
Month/ Day/ Year Month/ Day/ Year

Insurance information is being submitted for:

- Update or Extension of Current Insurance Coverage
- Insurance for New J-2 Dependent(s) Who Will Enter the U.S. on the Following Date: _____
- J-2 Dependent Insurance Coverage that is Different from my Coverage
- Other: _____

The policy information I am reporting covers:

- Me
- Me and the following J-2 dependent(s):

- My J-2 dependent(s): _____

Please indicate the type of insurance coverage you are reporting:

- I purchased health insurance coverage that *includes* medical evacuation and repatriation coverage (joint coverage).
- I purchased health insurance coverage AND *separate* medical evacuation and repatriation coverage.
- I am a CU benefits-eligible employee and will enroll in the CU Exclusive health insurance plan.
- I am a CU benefits-eligible employee and will enroll in the CU Kaiser health insurance plan.

Please enter your qualifying insurance policy information in the sections below.

ISSS does not have the expertise to evaluate individual insurance policies. J-1 Exchange Visitors are responsible for verifying with the insurance provider that the policy meets the minimum insurance requirements established by the U.S. Department of State in 22 CFR S62.14. If necessary, you may show this form to your insurance provider in order to verify sufficient insurance coverage.

Medical/Health Insurance Coverage:

Insurance Company Name: _____ Policy Number: _____

Insurance Start Date: _____ Insurance End Date: _____
Month/ Day/ Year Month/ Day/ Year

Evacuation & Repatriation Coverage:

Insurance Company Name: _____ Policy Number: _____

Insurance Start Date: _____ Insurance End Date: _____
Month/ Day/ Year Month/ Day/ Year

Insurance Compliance Documentation

You must submit the policy confirmation for your medical insurance and evacuation/repatriation coverage. The following information must be indicated in the insurance documentation:

- 1) Name(s) of individual(s) covered by the insurance policy;
- 2) Dates of the insurance coverage;
- 3) Insurance policy number; and
- 4) A summary of insurance benefits/coverage.

Insurance Attestation

I certify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my J-2 dependent(s)', insurance coverage meets the U.S. Department of States' requirements as outlined in 22 CFR 62.14.

- I understand it is my responsibility to provide proof of continuous insurance coverage to ISSS throughout my J program.
- I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, the University of Colorado Boulder will terminate my J program which will result in the loss of my legal J-1 immigration status and the J-2 status of any dependents accompanying me.

- I understand that I may also be subject to the requirements of the Affordable Care Act (ACA) and, if so, will purchase insurance that meets the requirements set forth in the ACA legislature in addition to the requirements established in 22 CFR 62.14.

Signature: _____

Date: _____