

International Programs 25800 Carlos Bee Blvd, SF 102 Hayward, CA 94542

Date

Phone: 510 885 2880 Fax 510 885 2787

## J Scholar Health Insurance Agreement

I,	, understand that as a condition of becoming a J Exchange Visitor to
the United St	tates, I and my dependents who accompany me are required by the United States Department of
State to be co	overed by appropriate health insurance with specifications outlined below (22 CFR 62) for the
duration of n	ny J-1 program. I agree that within one week of my arrival in the United States, I will go to the
Center of Int	remational Education to present proof of purchase in English of appropriate health insurance for
myself and a	ny dependents accompanying me or purchase health insurance at the Center for International
Education.	
U.S. Departm	nent of State Health Insurance Requirements for J Exchange Visitors effective 05/15/2015:
1. 2. 3. 4. 5. 6.	Medical benefits of at least \$100,000.00 US dollars per accident or illness; Co-Payment must not exceed 25% of each bill; Repatriation of remains in the amount of \$25,000.00 US dollars; Expenses associated with the medical evacuation of the student to his or her home country in the amount of \$50,000.00 US dollars; The deductible must not exceed \$500.00 US dollars per accident or illness; Additional US Health Insurance Regulations: In addition to the regulations governing J Exchange Visitors, another US law requires health insurance coverage. Under the "Affordable Care Act [22 CFR 62.14 (a)] The policy must be underwritten by an insurance company:
	Having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of B+ or above; or Backed by the full faith and credit of the home country government; 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.

Signature of J Exchange Visitor