

**J1 Exchange Visitor Health Insurance Requirement Acknowledgement and Pledge**

An Exchange Visitor (J-1 Research Scholar, Student, Professor, Short-Term Scholar, and Alien Physicians) must maintain health insurance coverage for him or herself **and for any dependents** residing in the United States in J-2 status. Government regulations stipulate that Exchange Visitors who willfully fail to maintain adequate health insurance coverage must be reported to the United States Department of State (US DOS). Failure to maintain adequate health insurance coverage is a violation of J-1 status and will result in the loss of academic appointment, extension of stay, change of status, etc. Health insurance deemed adequate by the Department of State meets or exceeds the benefits listed below. Note: amounts listed are in US dollars.

- I currently have health insurance.
- I do not currently have health insurance but understand that I must secure coverage immediately and submit a new health insurance acknowledgement and pledge confirming coverage.

**J-1 Exchange Visitor Health Insurance Pledge**

I pledge to maintain adequate insurance coverage (as outlined above) for myself and my dependents residing in the United States. Further, I understand that willful failure to comply with the insurance requirement will result in the termination of my J-1 program, which will render me out of legal status, and that notification will be sent to the Department of State should that occur.

J-1 Exchange Visitor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Work Telephone Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

(not required if covered by Johns Hopkins University)

**REVERSE SIDE MUST BE COMPLETED**

# IF NOT COVERED BY JOHNS HOPKINS UNVIERSITY:

Please review your insurance policy, respond to the following yes/no questions, complete the pledge section, and return this form to the OIS within ten days of your arrival at the Johns Hopkins Medical Institutions.

1. Name of Insurance Company \_\_\_\_\_

2. Policy Number \_\_\_\_\_ End Date of Coverage \_\_\_\_\_

3. Is the J1 Exchange Visitor the Policy Holder? Y/N  (If No, complete next two rows):

4. Family Name of Policy Holder \_\_\_\_\_ First Name of Policy Holder \_\_\_\_\_

Relationship to Exchange Visitor \_\_\_\_\_

5. Does the insurance provide lifetime/per-occurrence maximums? Y/N  Amount:   
*The maximum an insurer will pay over the lifetime of an insured person and/or for each specific illness injury. (No less than \$50, 000)*

6. Does the insurance have a deductible? Y/N  Amount:   
*Expenses personally paid by the patient before the insurer will provide coverage. (No more than \$500 per accident or illness)*

7. Do you have co-insurance? Y/N  Percentage:   
*The percentage of expenses for which an insured person is responsible for a covered service. (Insurer must cover at least 75% of covered medical expenses)*

8. Does the insurance provide \$10,000 for Medical Evacuation to the home country? Y/N   
*The amount an insurer will pay to send an insured person home for medical treatment on the advice of a*

9. Does the insurance provide \$7,500 for Repatriation of Remains? Y/N   
*The amount an insurer will pay to send an insured person's remains to his/her home country in case of death in the United States.*

**Notes:** The policy may establish a waiting period before it covers pre-existing conditions if the waiting period is reasonable by current industry standards. The insurance company must have a rating of or above an AM best rating of 'A', an Insurance Solvency International, LTC (ISI) rating of 'A-1', a Standard and Poor's Claims-paying Ability of 'A', or a Weiss Research, Inc. rating of 'B'.