

## INSURANCE VERIFICATION J-1 Exchange Visitor Program

\_\_\_\_\_  
Name

\_\_\_\_\_  
UFID

\_\_\_\_\_  
Date of Birth

The above named person has advised us that he/she has an insurance policy with your company. Please confirm that the policy covers all of the following U.S. federal requirements for J-1 exchange visitors.

**Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits** [22 CFR 62.14].

No international participant in the J-1 Exchange Visitor Program shall be permitted to enroll or continue in the program at the University of Florida without demonstrating that the J-1 exchange visitor has adequate medical insurance coverage for illness or accidental injury and which includes the following minimum requirements:

- \_\_\_\_\_ **1. Medical benefits of at least \$100,000 per accident or illness.**
- \_\_\_\_\_ **2. Mental/Nervous conditions expense benefit and alcohol & drug abuse expense benefit**
  - Inpatient Expense: Up to a minimum of 40 days.
  - OUT-OF-NETWORK PROVIDER: Inpatient Expense Up to a minimum of 40 days.
  - 80% coverage for in network and 70% coverage for out of network
  - Outpatient Expense Up to a minimum of 40 visits
  - OUT-OF-NETWORK PROVIDER: Outpatient Expense Up to a minimum of 40 days.
  - 80% coverage for in network and 70% coverage for out of network
- \_\_\_\_\_ **3. Repatriation of remains in the amount of \$25,000.**
- \_\_\_\_\_ **4. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000.**
- \_\_\_\_\_ **5. A deductible not to exceed \$500 (also may include a 6 month waiting period for pre-existing conditions and 25% co-payment).**
- \_\_\_\_\_ **6. The insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country.**
- \_\_\_\_\_ **7. Policy must not unreasonably exclude coverage for perils inherent to the exchange visitor's program of participation.**
- \_\_\_\_\_ **8. Claims must be paid in U.S. dollars payable on a U.S. financial institution.**

I hear by confirm that \_\_\_\_\_ does meet all the above requirements(1-7)  
Insurance Company/Policy number

for the period from (start date) \_\_\_\_\_ to \_\_\_\_\_ (end date).

Printed Name of Insurance Representative (IR) \_\_\_\_\_

IR Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Required: Company Stamp/Seal