Health Insurance requirements for J Exchange Visitors

The U.S Department of State (USDOS), that administers the J Exchange Visitor Program, requires each exchange visitor and his/her dependents to maintain insurance coverage for the full duration of their J program in the U.S.

J Exchange visitors must have insurance in effect which covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the sponsor’s exchange visitor program. Minimum coverage shall provide:

1. Medical benefits of at least $50,000 per accident or illness;
2. Repatriation of remains in the amount of $7,500;
3. Expenses associated with the medical evacuation of the exchange visitors to his or her home country in the Amount of $10,000; and
4. A deductible not to exceed $500 per accident or illness.

J exchange visitors under the sponsorship of Washington State University (WSU) exchange Visitor Program must complete and return the “Statement of Compliance” information below and provide proof of insurance before beginning your program at WSU. More detailed information regarding the insurance coverage requirements can be found on the Department of State Web Site.

Statement of Compliance with the Insurance Requirements Of the J Exchange Visitor Program

Please complete this form and bring it to the pre-scheduled J-1 scholar orientation/immigration check-in session.

I understand and acknowledge that:

- In order to maintain eligibility for J-1 exchange visitor status under the sponsorship of WSU’s J Exchange Visitor Program, I must maintain insurance coverage of myself and any dependents that hold J-2 status;
- This coverage must provide medical benefits of at least $50,000 per accident or illness; repatriation of remains in the amount of $7,500; medical evacuation expenses in the amount of $10,000 ; and a deductible not to exceed $500 per accident or illness;
- The policy must remain in effect at all times during my participation in the exchange visitor program and if for any reason my coverage lapses I must immediately obtain other comparable insurance coverage;
- If I fail to comply with these insurance requirements my participation in WSU’s Exchange Visitor Program must be terminated.

I agree to these conditions and certify (Please check one only):

- I (and my J-2 family if applicable) am currently insured at levels that meet or exceed the insurance requirements outlined above and on the J-1 Exchange Visitor program web site at.
- I (and my J-2 family if applicable) am NOT currently insured, I will send proof of required insurance before beginning my program at WSU.

J Exchange visitors’ Last name: ___________________________________________ First Name: __________________________

J Exchange visitor’s signature: __________________________________________ Date: ___________

Please attach a copy of you and yours and your J-2 Dependents’ (if applicable) insurance coverage if you already have purchased it.