



PROOF OF HEALTH INSURANCE SAMPLE GUIDE FOR J-1 SCHOLARS

This form includes samples of health insurance enrollment that DCISS is able to accept for the following medical insurance plans:

- 1. Visiting Scholar Benefit Plan (VSBP) through Garnett-Powers & Associates (GPA)**
- 2. Waiver for the Visiting Scholar Benefit Plan (VSBP)**
- 3. Postdoctoral Scholar Benefit Plan**
- 4. Employee Medical Benefits**

J-1 Exchange Visitors must provide proof of enrollment to DCISS as part of the mandatory J-1 visa check-in.

1) Visiting Scholar Benefit Plan (VSBP) through Garnett-Powers & Associates (GPA)

(1 of the following 2 samples could be used as proof of VSBP enrollment)

Sample A: Garnett-Powers Invoice with \$0 total due. You will receive this invoice after you have submitted payment to GPA.

FreshBooks - Invoice 00123456

<https://my.freshbooks.com/#/systemless/receive...>



Garnett-Powers & Associates 25909 Pala Suite 120
949-583-2925 Mission Viejo, California
92691
United States

Billed To John Doe UCLA - 70838 - Doe, John	Date of Issue 02/25/2019	Invoice Number 00123456	Amount Due (USD) \$0.00
	Due Date 03/05/2019		

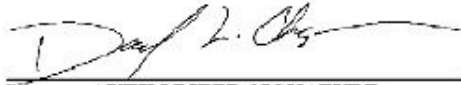
Description	Rate	Qty	Line Total
18-19 BAS: 25-49 yrs old - IMG Basic Visiting Scholar Monthly Premium for ages 25-49 years old: IMG Basic Plan	\$63.00	2	\$126.00
	Subtotal		126.00
	Tax		0.00
	Total		126.00
	Amount Paid		126.00
	Amount Due (USD)		\$0.00

Terms

This invoice is due upon receipt.

This invoice/email may contain private, confidential or privileged information intended for the sole use of the designated and/or duly authorized recipient(s). If you are not the intended recipient or have received this communication in error, please notify the sender immediately by email, and delete all copies of this email, including all attachments, without reading them or saving them to your computer or any attached storage device. If you are the intended recipient, please secure the contents conforming to all applicable state and/or federal requirements related to the privacy and confidentiality of such information, including the HIPAA Privacy guidelines.

Sample B: Declaration Page

		DECLARATION OF MEDICAL INSURANCE	
Certificate Number:	[REDACTED]	Certificate Type:	0000
Product Type:	Student Health Advantage(SM)	Adventure Sports:	No
Group Name:	UCLA VISITING SCHOLARS PLAN		
Effective Date:	09-Mar-2019		
Expiration Date:	09-Jun-2019		
Deductible:	500.00 USD		
Maximum Limit:	500,000.00 USD		
These amendments shall at all times be subject to the full terms conditions, definitions and exclusions contained in the certificate.			
Insured Person(s)	Insured ID	Date of Birth	
[REDACTED]	[REDACTED]	[REDACTED]	
Administered By:	INTERNATIONAL MEDICAL GROUP, INC. as agent for the Insurer		
Insurer:	Sirius International Insurance Corporation (publ)		
In witness whereof this certificate has been signed, as authorized by the insurer, by			
			 _____ AUTHORIZED SIGNATURE

Please review this information for accuracy. If you find any discrepancies, please contact International Medical Group as soon as possible. Please reference your certificate number noted below when contacting IMG at info@imglobal.com.

FULFILLMENT DOCUMENTS AVAILABLE FOR DOWNLOAD:

Click on any of the documents below to open it in a new browser window.

[Cover Letter, Certificate Wording, & Universal URX Discount Card \(if applicable\)](#)

[Visa Letter](#)

[Privacy Policy](#)

[Precertification Brochure](#)

[Claim Filing Instructions and Claim Form](#)

[ID Card](#)

Other Important Links:

[Online Provider Network](#)

[Pre-certification](#)

[Forms Library](#)

Your Producer Contact Information:

GARNETT - POWERS & ASSOC. INSURANCE SERVICES, INC. - 467605
25909 PALA, SUITE 120
MISSION VIEJO, CA 92691
United States of America
Phone: 888-441-3719
Fax: 949-583-2929
stevejohnson@garnett-powers.com
www.garnett-powers.com


International Medical Group

2960 North Meridian Street
Indianapolis, IN 46208-4715 United States of America
Telephone: 1.317.655.4500
Fax: 1.317.655.4505
Email: insurance@imglobal.com
Website: www.imglobal.com

2) Waiver for the Visiting Scholar Benefit Plan (VSBP)

(You will also need to provide the proof of insurance you used to waive the VSBP plan)

Sample: Waiver Confirmation Email from Garnett-Powers & Associates



Garnett-Powers & Associates, Inc.
Trusted Benefit Professionals Delivering Excellence in Service and Solutions

UCLA Visiting Scholar Benefit Plan

Waiver Confirmation Email for [REDACTED]

This email is to confirm that we, Garnett-Powers & Associates, have received and reviewed your proof of insurance coverage to waive the UCLA Visiting Scholar Benefit Plan. Your waiver has been approved and processed.

You do not need to take any further action with Garnett Powers & Associates at this time. Please note that if you did not provide proof of coverage for your full appointment dates at the University, then you will be required to submit new proof of coverage each time your current plan expires for review or you will be out of compliance with insurance requirements.

We recommend you retain a copy of your insurance documents and this confirmation email for your records in case verification is needed by the university.

Please feel free to contact us at UCLAVSISP@garnett-powers.com should you have any questions regarding this email; or call our toll free Customer Service line at (888) 441-3719.

Garnett-Powers & Associates

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25909 Pala, Suite 120, Mission Viejo, CA 92691
(949) 583-2925 - FAX (949) 215-2275 - Toll Free (888) 441-3719
www.garnett-powers.com
CA license 0G11917

3) Postdoctoral Scholar Benefit Plan (PSBP)

Sample: Benefit Overview Page (this can be accessed on your UCPATH account)



Confirmation of Elections Entered - Newly Benefit Eligible-Electns

Los Angeles, CA 90024

YOUR BENEFIT CHOICES

Health Plans	Plan Selected	Coverage Category/ Base	Pay Period Pre Tax Deduction	Pay Period After Tax Deduction	Employer Pay Period Contribution
Medical	PSBP Health Net PPO	Self-Only	\$20.00	\$0.00	
Dental	PSBP Principal Dental PPO	Self-Only	\$0.00	\$0.00	
Vision	PSBP Health Net Vision	Self-Only	\$0.00	\$0.00	

Disability, Life and Accident Insurance	Plan Selected	Coverage Category/ Base	Pay Period Pre Tax Deduction	Pay Period After Tax Deduction	Employer Pay Period Contribution
Life and AD and D	PD Life and AD/D	\$50000	\$0.00	\$0.00	
Basic Disability	PSBP Standard STD ER	\$1142.86	\$0.00	\$0.00	
Voluntary Long-Term Disability	Waive		\$0.00	\$0.00	

4) Employee Medical Benefits

Sample: Benefit Overview Page (this can be accessed on your UCPath account)



Final Confirmation of Elections for

██████████
LOS ANGELES, CA ██████████

YOUR BENEFIT CHOICES

Health Plans	Plan Selected	Coverage Category/ Base	Pay Period Pre Tax Deduction	Pay Period After Tax Deduction	Employer Pay Period Contribution
Medical	██████████	Self-Only	██████████	\$0.00	██████████
Behavioral Health	Waive		\$0.00	\$0.00	\$0.00

Disability, Life and Accident Insurance	Plan Selected	Coverage Category/ Base	Pay Period Pre Tax Deduction	Pay Period After Tax Deduction	Employer Pay Period Contribution
Life	Prudential Core Life	\$5000	\$0.00	\$0.00	██████████
Supplemental Life	Waive		\$0.00	\$0.00	\$0.00
Basic Dependent Life	Waive		\$0.00	\$0.00	\$0.00
Exp Dependent Life - Spouse/DP	Waive		\$0.00	\$0.00	\$0.00
Exp Dependent Life - Child	Waive		\$0.00	\$0.00	\$0.00
Employee & Dependent AD&D	Waive		\$0.00	\$0.00	\$0.00
Basic Disability	Basic Disability	\$1454.55	\$0.00	\$0.00	██████████
Voluntary Short-Term Disability	Waive		\$0.00	\$0.00	\$0.00
Voluntary Long-Term Disability	Waive		\$0.00	\$0.00	\$0.00

Attach proof of enrollment in Medical Evacuation and Repatriation of Remains Insurance along with Benefits Overview Page*

*Medical benefits provided to employees (except for Postdocs) **does not include Medical Evacuation and Repatriation of Remains Insurance (coverage that is required for your J-1 visa)**. You will need to enroll in a supplemental plan to cover these 2 items and provide proof of enrollment as well. DCISS can accept an email confirmation of enrollment from the insurance agency you have enrolled with. Medical evacuation and repatriation of remains coverage may be purchased separately through [BETINS](#).