

## Mandatory Health Insurance Requirement of the Exchange Visitor Program

22CFR62.14 of the United States Code of Federal Regulations governing Exchange Visitor Programs requires that the J-1 visitor obtain health, accident, medical evacuation and repatriation of remains insurance that meets at least the following coverage:

- **\$100,000 per accident/illness in medical coverage**
- **An annual deductible of no more than \$500**
- **Coinsurance that does not exceed 25%**
- **Medical evacuation up to \$50,000**
- **Repatriation up to \$25,000**
- **Pre-existing conditions must be covered with a waiting period no longer than 12 months**

The insurance policies must cover the exchange visitor and all accompanying dependents. The policy must be underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance solvency International, Ltd. (ISI) rating of "A-" or above, a Standard & Poor's Claims paying Ability of "A-" or above, a Weiss Research, Inc. rating of "B+" or above, or such other rating services as the Agency may from time to time specify. Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement.

Coverage requirements can be found on page 2 of the DS-2019 form. Any exchange visitor who willfully refuses to comply with these requirements shall be considered to be in violation of his/her exchange visitor status. The program sponsor is obligated to inform the United States Department of State of the exchange visitor's noncompliance.

J-1 Exchange Visitors must provide DCISS with a copy of proof of insurance. **An all-services hold from DCISS will be placed on your record if you do not provide proof of insurance. This will affect your eligibility to receive services from DCISS and UCLA and can result in the termination of your J-1 status.** Appropriate forms of proof include: insurance cards, forms listing coverage, enrollment confirmation. You must provide proof of insurance coverage in English. If your policy is not written in English, you must provide an official translation of the insurance.

Check the plan below which reflects your current/future health insurance coverage:

- Visiting Scholar Benefit Plan (VSBP) through Garnett-Powers** (VGRs, Visiting Scholars, etc.)  
 **Postdoctoral PSBP plan**  
 **UCLA Employee Medical Benefits** - Staff (Lecturer, Professor, etc.) - *medical evacuation/repatriation coverage required*  
 **Other** - Insurance agency not affiliated with UCLA. *Check this option if approved for waiver of any of the above plans.*

***Please contact your department administrator to verify whether you are required to enroll in a specific UCLA affiliated plan.***

I certify that I have read the information above concerning the U.S. Department of State's insurance requirements. I understand that I and any accompanying dependents (if applicable) must have insurance coverage at all times during my program. **Not following this mandatory requirement can lead to the termination of my appointment at UCLA and my J Visa status.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #