

J-1 HEALTH INSURANCE VERIFICATION

Per U.S. federal regulations, all J-1 exchange visitors and J-2 dependents must have health and medical insurance in effect for the entire period of the Exchange Visitor Program (the dates on Form DS-2019). Insurance must meet the minimum coverage requirements set by the U.S. Department of State (22 CFR § 62.14). Willful failure to maintain the required insurance is a violation of the Exchange Visitor Program requirements and can result in the termination of the J-1 Exchange Visitor Program.

MUSC J-1 exchange visitors are required to report their insurance coverage through this form. This form is required for all new J-1 exchange visitors and must be submitted before the J-1 SEVIS record will be validated. This form is also required for continuing J-1 exchange visitors who need to update expired insurance coverage or who obtain new insurance coverage.

PRIMARY INSURANCE COVERAGE

The policyholder name is the name of the person who holds the insurance coverage. In most cases, this is the J-1 exchange visitor. If you have primary insurance coverage through MUSC employee benefits, the insurance provider and plan is 'BlueCross BlueShield MUSC Health Plan,' and you can enter your current DS-2019 end date as the coverage end date.

Policyholder name: _____

Insurance provider and plan: _____

Coverage start date (mm/dd/yyyy): _____ Coverage end date (mm/dd/yyyy): _____

Names of J-2 dependents covered under this plan: _____

EVACUATION & REPATRIATION COVERAGE

If your primary insurance coverage also provides evacuation and repatriation benefits, you will enter the same information in this section as the above section. The BlueCross BlueShield MUSC Health Plan does not provide evacuation and repatriation benefits. If your primary insurance coverage is through the MUSC Health Plan, you are required to obtain separate coverage for evacuation and repatriation.

Policyholder name: _____

Insurance provider and plan: _____

Coverage start date (mm/dd/yyyy): _____ Coverage end date (mm/dd/yyyy): _____

Names of J-2 dependents covered under this plan: _____

INSURANCE COMPLIANCE CONFIRMATION

By signing below, I confirm that the following is true and accurate:

1. I am currently enrolled in valid health and medical insurance that meets all of the following minimum requirements:
 - a. Medical benefits per accident or illness: \$100,000
 - b. Repatriation of remains: \$25,000
 - c. Expenses associated with medical evacuation to home country: \$50,000
 - d. Maximum deductible per accident or illness: \$500
2. I understand that it is my responsibility to verify that my insurance meets all of the minimum requirements.
3. I understand that it is my responsibility to maintain valid health insurance for myself and any J-2 dependents for the entire duration of my J-1 Exchange Visitor Program.
4. I understand that, if I fail to maintain insurance that meets the requirements, my J-1 Exchange Visitor Program may be terminated.

Exchange Visitor Name

Signature

Date