INSURANCE REQUIREMENTS OF J-1 EXCHANGE VISITOR VISA PROGRAM

The U.S. Department of Statue has established minimum insurance requirements for the purpose of protecting the J-1 Exchange Visitor and any accompanying J-2 dependents maintaining the J-2 status from financial hardship resulting from expensive health care costs incurred in the U.S. The insurance requirement reproduced below applies to scholars and interns on a J-1 visa at the University of Oregon.

1. Sponsors shall require each exchange visitor to 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:
   a. medical benefits of at least $100,000 per accident or illness;
   b. repatriation of remains in the amount of $25,000;
   c. expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of $50,000; and
   d. a deductible not to exceed $500 per accident or illness.

2. An insurance policy secured to fulfill the requirements of this section:
   a. may require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
   b. may include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25 percent of the covered benefits per accident or illness; and
   c. shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

3. Any policy plan or contract secured to fulfill the above requirements must, at minimum, be:
   a. Underwritten by an insurance corporation having an A.M. Best rating of “A-” or above, an Insurance Solvency International, Ltd. (ISII) rating of “A-” or above, a Standard and Poor’s Claims-paying Ability rating of “A” or above, a Weiss Research, Inc. rating of B+ or above, or such other rating service as the Agency may from time to time specify; or
   b. Backed by the full faith and credit of the government of the exchange visitor’s home country; or
   c. Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
   d. Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

4. An accompanying spouse or dependent of an exchange visitor is required to be covered by insurance in the same amounts [as the principal]. Sponsors shall inform exchange visitors of this requirement, in writing, in advance of the exchange visitor’s arrival in the United States.

5. An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.

6. A sponsor shall terminate an exchange visitor’s participation in its program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance with insurance requirements.

Please see 22 C.F.R. § 62.14 for full insurance requirement information: http://www.gpoaccess.gov/CFR/

Please complete and return the Statement of Compliance form on the reverse of this page to the Office of International Affairs (333 Oregon Hall) within 30 days of your arrival on campus.

If you have any questions about these insurance requirements or other matters pertaining to your status as an Exchange Visitor, please visit International Affairs or call 541-346-3206. Office hours are Monday through Friday, 8:00 AM to 5:00 PM.

For more information regarding health insurance policies offered through UO, contact:
Jessie Morriem (Student Health Insurance Program) jmorriem@uoregon.edu 541-346-3702
Julie Dunbar (Insurance Liaison) jdunbar@uoregon.edu 541-346-2452
STATEMENT OF COMPLIANCE WITH THE INSURANCE REQUIREMENTS OF THE EXCHANGE VISITOR PROGRAM

Exchange visitors under the sponsorship of the University of Oregon's Exchange Visitor Program must complete and sign this statement of compliance regarding insurance requirements of the Exchange Visitor Program. Please return this form to International Affairs at your initial check-in or not later than 30 days after your DS-2019 begin date or extension of stay. This form must be accompanied by readable proof of insurance coverage, in English. Failure to comply with the insurance requirements may result in the termination of an Exchange Visitor's program.

I understand and acknowledge that:

- In order to maintain eligibility for J-1 Exchange Visitor Status under the sponsorship of the University of Oregon's Exchange Visitor Program, I must maintain insurance coverage for myself and any dependents who hold J-2 status;
- This coverage must provide medical benefits of at least $100,000 per accident or illness; repatriation of remains in the amount of $25,000; expenses associated with medical evacuation in the amount of $50,000; 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 the University of Oregon's Exchange Visitor Program must be terminated.

I agree to these conditions and verify that I am currently insured at levels that meet or exceed the insurance requirements outlined above. For purposes of documentation, a copy of my insurance policy is attached.

| Family Name: __________________________ | First Name: __________________________ |
| Department: ____________________________ |
| My DS-2019 covers the period: ______/_____/______ to ______/_____/______ |
| MM DD YYYY MM DD YYYY |
| Insurance Company Name: __________________________ |
| Insurance Company Address: __________________________ |
| Insurance Company Telephone Number: __________________________ |
| Policy/Group #: __________________________ |
| Policy Effective Dates: ______/_____/______ to ______/_____/______ |
| MM DD YYYY MM DD YYYY |
| Full names of all J-2 dependents covered by this insurance policy: __________________________ |
| Exchange Visitor's Signature: __________________________ | Date: ______/_____/______ |
| MM DD YYYY |

RETURN THIS FORM TO:
International Affairs
Room 333 Oregon Hall / 5209 University of Oregon, Eugene, OR 97403 / 541-346-3206