STATEMENT OF COMPLIANCE
Insurance Requirements for J-1 Exchange Visitors

J-1 exchange visitors under the sponsorship of the University of Oregon’s Student Intern Program must complete, sign and carry this Statement of Compliance with you. **BRING THIS FORM TO INITIAL CHECK-IN.**

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 Student Intern 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 Student Intern 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 Student Intern Program must be terminated.

<table>
<thead>
<tr>
<th>Family Name: ___________________________</th>
<th>First Name: ___________________________</th>
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<tbody>
<tr>
<td>UO ID: _______________________________</td>
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☐ I/ my dependents will be covered by the UO Health Insurance Plan for visiting scholars/interns and their dependents. [http://healthcenter.uoregon.edu/Insurance/VisitingScholarsStudentHealthInsurance.aspx](http://healthcenter.uoregon.edu/Insurance/VisitingScholarsStudentHealthInsurance.aspx)

☐ I/ my dependents will provide my own health insurance coverage.

“I agree to these conditions and verify that I am currently insured at levels that meet or exceed the insurance requirements outlined above.”

Student Intern’s Signature: ___________________________ Date: __________ MM/DD/YYYY

FOR NON-UO INSURANCE
If you are not covered by the UO health insurance plan, complete the following information and attach your insurance policy, in English. Failure to comply with the insurance requirements may result in the termination of the program.

<table>
<thead>
<tr>
<th>Insurance Company Name: ___________________________</th>
<th>Phone: ___________________________</th>
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<tbody>
<tr>
<td>Insurance Company Address: ___________________________</td>
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Policy/Group #: ___________________________ Policy Effective Dates: from: ___________________________ to: ___________________________

Full names of all J-2 dependents covered by this insurance policy:

__________________________________________________________________________
Insurance Requirements for J-1 Exchange Visitors

The U.S. Department of State has established minimum insurance requirements for the purpose of protecting the J-1 Student Intern and any accompanying dependents maintaining the J-2 status from financial hardship resulting from expensive health care costs incurred in the U.S.

- The sponsor (UO) shall require each exchange visitor to have insurance in effect that covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the UO's exchange visitor program. Minimum coverage shall provide:
  - Medical benefits of at least $100,000 per accident or illness;
  - Repatriation of remains in the amount of $25,000;
  - Coverage for expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of $50,000; and
  - Deductible not exceeding $500 per accident or illness.

An insurance policy secured to fulfill the requirements of this section:
- May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
- 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
- Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

- Any policy plan or contract secured to fulfill the above requirements must, at minimum, 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 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
  - Backed by the full faith and credit of the government of the exchange visitor's home country; or
  - Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
  - 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.

- 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.

- 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 to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.

- 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.

- An exchange visitor, and any accompanying spouse or dependent, may be subject to the requirements of the Affordable Care Act.

Please see 22 C.F.R. § 62.14 for full insurance requirement information:

If you have any questions about these insurance requirements or other matters pertaining to your J-1 status as an exchange visitor, please contact Becky Megerssa, SEVIS Coordinator, International Student & Scholar Services by phone, 541-346-1436 or email, sevis@uoregon.edu.