J-1 Visa Insurance Certification - Office of Human Resources

I understand that the Federal Regulations governing the J-1 visa program require that J-1 visa holders and their J-2 dependents carry insurance coverage that meets certain requirements which are set out in the federal regulations.

At least $100,000 per person per accident or illness; at least $25,000 for repatriation of remains; at least $50,000 for medical evacuation to the home country; and a deductible not to exceed $500 per accident or illness. Co-insurance may not exceed 25% payable by the Exchange Visitor or sponsor. Acceptable coverage may not exclude risk inherent in the activities of your Exchange Visitor program. The company providing the insurance coverage must have an A.M. Best rating of “A-“ or above, an Insurance Solvency International, Ltd., (ISI) rating of “A-1” or above, a Standard & Poor’s Claims-paying Ability rating of “A-“ or above, or a Weiss Research, Inc. rating of “B+” or above; or backed by the full faith and credit of the government of the exchange visitor’s home country; 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.

I have been advised by the University of Notre Dame, my program sponsor, that coverage is available for purchase through the University which meets the required minimum coverage. I have opted not to purchase the insurance available through the University and hereby certify that I have purchased insurance on my own which meets the minimum requirements as set out above for myself and any J-2 dependents that accompanied me to the United States. I also certify that I will continue to carry the required coverage for myself and my dependents (if any) for the entire length of my stay at the University in the J-1 Exchange Visitor Program.

Signature: ________________________________

Printed Name: ________________________________

Date: ______________