

## INSURANCE REQUIREMENT ATTESTATION FORM

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE. THIS FORM MUST BE COMPLETED AGAIN BEFORE A NEW DS-2019 CAN BE ISSUED FOR EXTENSION OF STAY OR A DEPENDENT.

### Mandatory Insurance Requirement Information

---

The following information regarding insurance must be read, signed, and returned to this office to process a request for issuance of Form DS-2019.

**Insurance Requirement:** Under the regulations of the United States Department of State effective September 1, 1994 all individuals who receive a Form DS-2019 (J-1 visa document) and enter the U.S. in J-1 exchange visitor status will be required to have medical insurance to cover themselves and any accompanying J-2 dependents for the duration of their programs. The insurance coverage must provide the following minimum coverage:

- Medical benefits of at least \$ 50,000 per accident or illness;
- Repatriation of remains: \$ 7,500;
- Medical Evacuation: \$10,000;
- Deductible of \$500 or less per accident or illness;
- Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.

The company providing the insurance 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;
- a Weiss Research, Inc., rating of B+ or above; or
- be backed by the full faith and credit of the exchange visitor’s home country.

**Failure to comply with this requirement will result in the termination of the exchange visitor's program!**

I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with the minimum coverage as specified above for myself and any accompanying dependents. I hereby affirm that I have, or will have by the time I begin my visit at the University North Carolina Greensboro, the stated insurance for the effective period of all valid forms DS-2019 issued to me.

\_\_\_\_\_  
(Exchange Visitor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Exchange Visitor Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(E-mail Address)