



## INSURANCE REQUIREMENT ATTESTATION FORM

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO INTERNATIONAL STUDENT & SCHOLAR SERVICES. 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 May 15, 2015 all individuals who receive a Form DS-2019 (J 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 \$ 100,000 per accident or illness;
- Repatriation of remains: \$ 25,000;
- Medical Evacuation: \$50,000;
- 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.;
- Cannot unreasonably exclude coverage for perils inherent to activities of EV program;
- Waiting period for pre-existing conditions that is reasonable by current industry standards.

The company providing the insurance must have:

- A.M. Best rating of A- or above;
- McGraw Hill Financial/Standard & Poor's Claims-paying ability rating of A- or above;
- Weiss Research, Inc. rating of B+ or above;
- Fitch Ratings, Inc. rating of A-;
- Moody's Investor Service rating of A3 or above: or
- Such rating as the DOS may specify; or
- Backed by EV's home government; or
- Part of health benefits program offered on a group basis to employees or enrolled students; or
- Offered through or underwritten by an HMO or eligible Competitive Medical Plan as determined by Centers for Medicare and Medicaid.

**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 of Denver, 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)