



EXCHANGE VISITOR INSURANCE ACKNOWLEDGEMENT FORM

Sufficient health insurance coverage is a requirement of all Exchange Visitors in J-1 or J-2 visa status. An Exchange Visitor who fails to maintain the sufficient insurance coverage will be in violation of federal immigration regulations; subject to termination from WMU as a participant; and must leave the U.S. immediately. **The U.S. Department of State has established minimum insurance requirements for Exchange Visitors:**

1. Medical insurance must cover the **entire period** of participation in the Exchange Visitor program.
2. Medical benefits must provide a minimum of **\$100,000** per accident or illness.
3. Medical evacuation must be covered in the amount of **\$50,000** minimum (medical evacuation is emergency medical transportation to the home country.)
4. Repatriation must be covered in the amount of **\$25,000** minimum (in the unfortunate event of death, repatriation is the transportation of remains back to the home country.)
5. The deductible must not exceed **\$500** per accident or illness.
6. Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:
 - (a) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of "B+" or above, Fitch Ratings, Inc. rating of "A-" or above, a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State 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.

IMPORTANT NOTE: For exchange visitors who are receiving WMU full-time salary and benefits, please note that the WMU Employee Health Insurance Plan does NOT cover #3 (evacuation) and #4 (repatriation), so you must purchase separate insurance for you and your J-2 dependents to cover these.

I agree to secure medical insurance coverage that meets the minimum requirements as stated above for myself and my J-2 dependents for my program dates in the U.S. and I will provide proof of medical insurance upon arrival or upon any change in coverage. I understand that if I fail to provide proof of medical insurance coverage, Immigration Compliance will terminate my program, as required by law.

First name (given): _____ Last name (family): _____
(please print clearly) (please print clearly)

Signature: _____ Date: _____
(please sign your name)