

INSURANCE VERIFICATION J-1 Exchange Visitor Program

Name

UFID

Date of Birth

The above named person has advised us that he/she has an insurance policy with your company. Please confirm that the policy covers all of the following U.S. federal requirements for J-1 exchange visitors.

Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits [22 CFR 62.14].

No international participant in the J-1 Exchange Visitor Program shall be permitted to enroll or continue in the program at the University of Florida without demonstrating that the J-1 exchange visitor has adequate medical insurance coverage for illness or accidental injury and which includes the following minimum requirements:

- ____ 1. Medical benefits of at least \$100,000 per accident or illness.
- ____ 2. Repatriation of remains in the amount of \$25,000.
- ____ 3. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000.
- ____ 4. A deductible not to exceed \$500 per accident or illness.
- ____ 5. The insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country.
- ____ 6. Policy must not unreasonably exclude coverage for perils inherent to the exchange visitor's program of participation.
- ____ 7. Claims must be paid in U.S. dollars payable on a U.S. financial institution.

I hear by confirm that _____ does meet all the above requirements (1-7)
Insurance Company/Policy number

for the period from (start date) _____ to _____ (end date).

Printed Name of Insurance Representative (IR) _____

IR Signature _____ Date _____

Company Address _____

Phone Number _____ Fax Number _____

