

J-1 VISITING SCHOLAR HEALTH INSURANCE STATEMENT OF COMPLIANCE

Instructions to the J-1 Exchange Visitor: Sign the statements below and return this form to Doreen Clayton, International Student and Scholar Services, Georgia State University, Atlanta, GA 30303.

You must complete this form and submit with proof of insurance:

- when beginning program activities at Georgia State University
- when requesting an extension of J-1 status
- when requesting Forms DS-2019 for J-2 dependents
- when requesting an out-of-country, active leave of absence

Federal regulations require all J-1 Exchange Visitors and their J-2 dependents to maintain health insurance coverage valid for the entire duration of their program. The duration of your program is defined as the period of time including and between the program start and end dates listed in section 3 of your Form DS-2019.

Federal regulations require that J-1/J-2 health insurance coverage must meet all of the following requirements:

- Medical benefits of at least US \$100,000 per person per accident or illness
- Repatriation of remains coverage of at least US \$25,000
- Medical evacuation coverage of at least US \$50,000
- A deductible that does not exceed \$500

Please read and sign each statement below:

I understand that:

X_____ I am required to maintain health insurance that meets all of the minimum requirements specified above. I understand that I am required to maintain this health insurance coverage for the entire duration of my J-1 status.

X_____ Failure to obtain and provide ISSS with proof of health insurance within five (5) days of my orientation in ISSS will result in termination of my J-1 visa status.

X_____ If I am considered a GSU employee:

- For calendar year 2015, the only employee insurance plans that meet visa requirements are the Open Access POS (NON-HSA), Blue Choice HMO or Kaiser HMO. **The HSA Open Access plan is not acceptable for visa requirements.**
- If my GSU employee insurance will not be effective on the day my J-1 program begins, I must obtain an outside insurance to cover me until my GSU insurance does become effective.

X_____ My dependent(s) (spouse or children under the age of 21) who will join me in J-2 status are also required to maintain health insurance that meets the requirements above

X_____ My willful noncompliance with J-1 insurance requirements will result in termination of my J-1/J-2 visa status and participation in the Exchange Visitor Program.

X_____
J-1 Scholar's Signature

X_____
Date