

**Insurance Compliance Form
for J-1 Exchange Visitors**
Exchange Visitor Program #P-1-1689

Exchange Visitors are **required** to carry medical insurance and evacuation/repatriation insurance for themselves and their accompanying dependents on J visas. Prior to, or within 30 days of arrival in Woods Hole, visitors participating in the J-1 Exchange Program #P-1-1689 of the Marine Biological Laboratory must sign the statement on page 2 of this form indicating their willful compliance with these regulations.

Minimum Coverage Requirements:

At a minimum, insurance shall cover:

- Medical benefits of at least \$50,000 per person, per injury or illness
- Repatriation of remains in the amount of \$7,500
- Expenses associated with medical evacuation in the amount of \$10,000

Additional Terms:

- A policy secured to fulfill the insurance requirements above shall not have a deductible that exceeds \$500 per accident or illness, and must meet other regulatory standards.
- Exchange Visitors must maintain the required insurance during the duration of their J-1 Exchange Program appointment, including employment.

There are three ways to comply with these regulations:

- Home Country Insurance Coverage. If the Exchange Visitor currently has an insurance policy in his/her home country, which satisfies the minimum requirements described above, he/she need only provide evidence of that coverage to comply. Proof will include copies of the policy and any accompanying documents describing the extent of the coverage as well as the name and address of the agent to whom claims are to be submitted.
- Home Country Insurance Coverage with Supplementary U.S. Coverage. If the Exchange Visitor's policy satisfies some but not all of the minimum requirements outlined above (for example, most policies issued by an Exchange Visitor's home country **do not include** evacuation/repatriation insurance coverage), arrangements may be made with any one of the U.S. insurance companies listed below to obtain the necessary additional coverage. Exchange Visitors need to show proof that all policies combined provide the minimum acceptable coverage.
- Full Insurance Coverage from a U.S. Carrier. If the Exchange Visitor does not have the requisite medical and evacuation/repatriation insurance policy in his/her home country, arrangements may be made with a U.S. insurance company to obtain coverage. MBL Exchange Visitors frequently apply for insurance through one of the following organizations that provide enough coverage to satisfy the minimum requirements: Buy American Insurance (www.buyamericaninsurance.com), The Harbor Group (www.hginsurance.com), HTH Worldwide (www.hthstudents.com/voluntary.cfm), International SOS (<http://www.internationalsos.com/en/forindividuals.htm>), and USA-HealthCare Insurance (<http://www.travelinsure.com/who/visitors.htm>). Exchange Visitors who will be on MBL's payroll may be eligible to participate in the Laboratory's employee insurance plan and should contact the Human Resources Office (humanres@mbl.edu, T: 508-289-7422, F: 508-289-7931) for more information. The Laboratory's employee insurance plan does not include evacuation/repatriation insurance so Exchange Visitors who will be on MBL's payroll need to apply for supplementary coverage.

SECTION I – VISITOR’S INSURANCE STATUS

Name _____
Family Name Given Name Middle Name

Citizenship _____ MBL Program or Department _____

I have MEDICAL insurance meeting the required specifications. (Please indicate your insurance carrier, policy number, and coverage dates): _____

I have EVACUATION/REPATRIATION insurance meeting the required specifications. (Please indicate your insurance carrier, policy number, and coverage dates): _____

Important: Evidence of coverage must be submitted with this signed statement. Acceptable documentation includes photocopies of insurance policy certificates or photocopies of a completed insurance policy enrollment form together with evidence of payment.

SECTION II – STATEMENT OF COMPLIANCE

The U.S. Department of State requires J-1 Exchange Visitors and their J-2 dependents to be covered by illness and accident insurance for the duration of their participation in a J-1 Exchange Program in the U.S. *Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program.*

“An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above... or who makes a material misrepresentation to the sponsor (Marine Biological Laboratory) concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.” (22CFR 514.14(h))

SECTION III – SIGNATURE OF UNDERSTANDING

“I have been informed that medical insurance coverage is mandatory for the duration of my Exchange Visitor Program in the United States. I understand the insurance regulations and requirements as stipulated by the U.S. Department of State (DOS).”

“I certify that I have enrolled in an insurance plan or combination of plans that satisfy the minimum DOS specifications. I further certify that for the full duration of my J program, I have obtained or will obtain requisite medical and evacuation/repatriation insurance for myself and all my dependents in J-2 status who may accompany or follow me to the U.S.”

“I also understand that if I willfully fail to obtain and maintain adequate medical insurance, the MBL is obliged to terminate me from its Exchange Visitor Program and will notify the DOS that I have been so terminated. Such action will result in my loss of legal immigration status.”

Exchange Visitor Signature _____ Date _____

Name printed or typed _____