



## **INSURANCE COMPLIANCE FORM**

### **Marine Biological Laboratory Exchange Visitor Program #P-1-01689**

J-1 Exchange Visitors and their J-2 dependents are required by the U.S. Department of State to carry medical insurance and evacuation/repatriation insurance for the duration of their stay in the United States. *Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program.* In addition to carrying the insurance, J-1 Exchange Visitors are required to sign the back of this form indicating that they are in compliance with these regulations prior to, or within 3 days of their arrival in Woods Hole and return it to MBL's Foreign National Coordinator.

#### **Minimum Insurance Coverage Required as of May 15, 2015:**

- ✓ Medical benefits of at least \$100,000 per person, per accident or illness
- ✓ In case of death, repatriation of remains to home country in the amount of \$25,000
- ✓ In case of serious accident/illness, medical evacuation in the amount of \$50,000
- ✓ A deductible not to exceed \$500 per accident or illness

#### **Additional Terms:**

- ✓ Policy must meet regulatory standards as set forth in 22 CFR 62.14 (see list of suggested providers below)
- ✓ Exchange Visitors must maintain the required insurance for the **entire** duration of their J-1 Exchange Program for themselves and any of their J-2 dependents

#### **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 showing copies of the policy and any accompanying documents describing the extent of the coverage as well as the name and telephone number of the agent to whom claims are to be submitted. Please make sure that the policy includes medical coverage, as well as evacuation/repatriation coverage, since not all home country policies do (see below).
- ✓ 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, he/she may purchase partial coverage from any one of the providers listed below. Exchange Visitors need to show proof that all policies combined provide the minimum coverage required.
- ✓ Full Insurance Coverage from a U.S. Carrier. If the Exchange Visitor does not have the required medical and evacuation/repatriation insurance policy in his/her home country, arrangements may be made with a U.S. insurance company to obtain coverage. *While MBL cannot evaluate, recommend, or endorse any specific insurance company or policy, previous MBL Exchange Visitors have purchased insurance through:*

- ✓ Compass ([www.compassbenefits.com](http://www.compassbenefits.com))
- ✓ Betins ([www.betins.com](http://www.betins.com))
- ✓ Cultural Insurance Services International ([www.culturalinsurance.com](http://www.culturalinsurance.com))
- ✓ Harbor Group ([www.hginsurance.com](http://www.hginsurance.com))
- ✓ Inbound USA ([www.inboundusa.com](http://www.inboundusa.com))
- ✓ International SOS ([www.internationalsos.com/visitorusa](http://www.internationalsos.com/visitorusa))
- ✓ ISO Voyager ([www.isoa.org/voyager](http://www.isoa.org/voyager))

Exchange Visitors who will be on MBL's payroll and will be eligible to participate in the Laboratory's employee insurance plan should contact the Human Resources Office ([humanres@mbledu](mailto:humanres@mbledu)) for more information. *However, the MBL'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 (please print) \_\_\_\_\_

Citizenship \_\_\_\_\_

- ✓ I have MEDICAL insurance that covers the required specifications.

Insurance Company \_\_\_\_\_

Insurance Company's Telephone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Coverage Dates \_\_\_\_\_

- ✓ I have EVACUATION/REPATRIATION insurance that covers the required specifications.

Same as above

Insurance Company \_\_\_\_\_

Insurance Company's Telephone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Coverage Dates \_\_\_\_\_

**Important:** *Evidence of coverage must be shown with this signed statement. Acceptable documentation includes copy of insurance policy certificates OR copy of 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.* The regulations state, "An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an Exchange Visitor Program 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.” [22 CFR 62.14(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, and I certify that I have enrolled in an insurance plan or combination of plans that satisfy the minimum 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 purchase appropriate insurance coverage, the MBL is obligated to terminate me from its Exchange Visitor Program and to notify the U.S. Department of State that I have been so terminated. Such action will result in my loss of legal immigration status.”

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Exchange Visitor Signature

Date