

PROOF OF HEALTH INSURANCE

Regulations of the U.S. Department of State require all J-1 student visitors and their accompanying J-2 visa dependents to have health and accident insurance that is valid in the U.S. and provides, at a minimum:

- \$50,000 for major medical expenses due to an accident or illness;
- \$10,000 for emergency medical evacuation;
- \$7,500 for repatriation; and
- Coverage for the full period of time student is in the U.S. in J-1 status

The regulations stipulate that program sponsors ensure that all J-1 visitors and their visa dependents in the U.S. have coverage throughout the course of their J-1 or J-2 status in the U.S. The University of West Georgia, as a program sponsor, must comply with this regulation and therefore requires proof of the above health coverage for J-1 students and scholars who are attending programs in the U.S. and any accompanying J-2 visa dependents. Students or scholars without existing coverage are required to purchase and show proof of having an alternate insurance policy that satisfies U.S. Department of State regulations. The insurance policy must be underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating "A-" or above, a Standard & Poor's Claims-Paying Ability of "A-" or above, a Weiss Research, Inc. rating of "B+" or above, or such other rating services as the Department of State may from time to time specify. Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement.

Student or Scholar Name: _____ Unit: _____

Work Address: _____

Please check one:

I currently have the required minimum insurance through my employment with UWG (see below)

If you have checked this box, please print this form and have Human Resources fill out the remaining portion. Send the original, signed copy to the address below.

I have purchased an alternate insurance policy that covers me for the full period I will be in the U.S. and that satisfies U.S. Department of State regulations.

If you have checked this box, please print and complete this form and send the original signed form to the address below with proof of coverage that specifies the following: your name as the insured person, dates of coverage, and a policy summary showing that coverage levels meet or exceed those required by U.S. Department of State regulations.

Certification/Proof of Health Insurance

Name of Policy Holder: _____

Health Insurance Company: _____

Policy Number: _____

Dates of Coverage: _____

I certify/attest that the above named individual is covered by the policy stated above and I further certify that said policy is valid in the U.S. and has the required minimum coverage as designated by the United States Department of State.

Name

Title

Signature

Date

Original signed forms should be sent to: University of West Georgia, 1601 Maple Street, Carrollton, GA 30118; Attn: Sylvia Shortt