**PROOF OF HEALTH INSURANCE:**

*Please bring this completed form with a copy of your insurance coverage to your*

*orientation appointment at the UWG Office of Education Abroad.*

Regulations of the U.S. Department of State require all J‐1 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:

1. $100,000 for major medical expenses due to an accident or illness;
2. $50,000 for emergency medical evacuation;
3. $25,000 for repatriation;
4. Deductibles cannot exceed $500 per accident or illness; and
5. Coverage for the full period of time scholar 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 scholars who are attending programs in the U.S. and any accompanying J‐2 visa dependents. 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. An 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. 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.

Exchange Visitor 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.*

\_\_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 attach 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