

INSURANCE REQUIREMENTS

All J-1 program participants, and any dependents, are required to have medical insurance coverage meeting the federal requirements listed, in effect throughout the entire program duration. [22 CFR 62.14]

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains (amount \$25,000)
- Expenses associated with the medical evacuation of the exchange visitor (amount \$50,000)
- A deductible not to exceed \$500 per accident or illness
- 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

J-1 PARTICIPANT DETAILS

Form Instructions: Complete and sign this form acknowledging that you understand and agree to the health insurance requirements, then upload the completed form to your I-20 or DS-2019 request using the International Services Portal.

Family/Surname: _____ First/Given Name: _____

Program Start Date: _____ Program End Date: _____

Category: Student Research Scholar Short-Term Scholar Professor

Adelphi ID Number: _____ Date of Birth (MM/DD/YYYY): _____

I understand I must meet all University and federal requirements regarding medical insurance coverage.

- Students: The University requires all international students to be insured by the University health insurance plan. Fees are billed directly to the student's tuition statement. If a student has comparable coverage which meets all requirements and is active, the student can elect to waive the University insurance plan.
- Scholars/Professors: Individual research scholars are not included in the student health insurance plan and are independently required to purchase private insurance which meets the Federal J-1 requirements. The participant's insurance information must be submitted to International Services during the Orientation period for review and approval.

Student Signature: _____ Date: _____