



J-1 SCHOLAR HEALTH INSURANCE ACKNOWLEDGMENT & INSURANCE PROVIDER CERTIFICATION FORM

Section A must be completed by J-1 Scholar

A. Last Name, First Name Birthdate (mm/dd/yyyy)

I acknowledge that New York University (NYU) policy and the code of federal regulations require J-1 exchange visitors (as well as their J-2 dependents) to have health insurance that meets specified minimum requirements. Coverage must run for the entire duration of the my program in the US. Failure to maintain adequate insurance coverage is a violation of US government regulations that will result in immediate termination of my J-1 status.

I acknowledge that it is my responsibility to choose my own health insurance carrier and to obtain the carrier's certification that the plan meets specific minimum coverage requirements. I further acknowledge my responsibility to maintain insurance coverage and to submit this form at each and every renewal or change of carrier. Further, I understand that the required minimum coverage levels may change each year and that I am responsible for updating my insurance in keeping with the stated requirements. I certify that I am covered by health insurance that meets all requirements described below. I promise to maintain this level of health insurance throughout the time I am in J-1 status. I acknowledge and agree that NYU is not responsible for my health insurance or medical expenses. If I have J-2 dependents, all of my certifications, promises, acknowledgments, and agreements extend to my dependents as well as myself.

J-1 Exchange Visitor Signature Date Email address

Section B must be completed by the health insurance company representative:

B. Name(s) of insured individual(s): Print Full Name

Blank lines for name entry

Insurance Carrier:

Policy Number/Plan Type:

Dates\*: to mm/dd/yyyy mm/dd/yyyy

\*Federal regulations require that all J-1 exchange visitors and J-2 dependents have health insurance that meets specified minimum requirements throughout the duration of your program



The plan/policy must meet ALL of the following minimum coverage requirements (all amounts are in USD).  
**Agent: initial each line that meets coverage requirements.**

- Medical benefit of at least \$100,000 per person per accident or illness
- Deductible that does not exceed \$500 per accident or illness
- J patient cannot be required to pay more to exceed 25% medical costs
- Minimum medical evacuation expenses in the amount of \$50,000
- Minimum repatriation of remains in the amount of \$25,000

In addition, your health insurance policy must be underwritten by a corporation having one of the following:  
**Agent: Please select all that apply**

- An A.M. Best rating of "A-" or above
- A McGraw Hill Financial/Standard & Poor A- rating or above for claims-paying ability
- A Weiss Research, Inc. rating of "B+" or above
- A Fitch Ratings, Inc. rating of "A-" or above
- A Moody's Investor Services rating of "A3" or above
- Is backed by the "full faith and credit" of the exchange visitor's home country
- Is part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor

I certify that the minimum coverage requirements stated above are provided by this policy/plan. I am qualified to make this determination as an authorized agent/employee of the above insurance provider.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Contact Information (email and/or phone number)*

\_\_\_\_\_  
*Company/Agency*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*