

Ohio University Exchange Visitor Health Insurance Requirements and Agreement (J Researchers, Professors, and Short-term Scholars)

Part I: Exchange Visitor Health Insurance Requirements

J-1 Researchers, Professors, and Short-term Scholars in the Ohio University Exchange Visitor Program are required to follow all immigration regulations pertaining to J status, including **mandatory health insurance for the J-1 principle and all accompanying J-2 dependents**. (J-1 students are subject to the Ohio University student insurance policies.)

Per federal regulations:

- 1) Sponsors shall require each exchange visitor to have insurance in effect which covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the sponsor's exchange visitor program. Minimum coverage shall provide:
 - a) medical benefits of at least \$50,000 per accident or illness;
 - b) repatriation of remains in the amount of \$7,500;
 - c) expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and
 - d) a deductible not to exceed \$500 per accident or illness.
- 2) An insurance policy secured to fulfill the requirements of this section:
 - a) may require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
 - b) may include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25 percent of the covered benefits per accident or illness; and
 - c) shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.
- 3) Any policy plan or contract secured to fulfill the above requirements must, at minimum, be:
 - a) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above, a Standard and Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of B+ or above, or such other rating service as the Agency may from time to time specify; or
 - b) Backed by the full faith and credit of the government of the exchange visitor's home country

ISFS requirements:

- 1) Upon arrival at Ohio University, all J-1 Exchange Visitors will be required to complete the Exchange Visitor Health Insurance Agreement (Part II of this document). Exchange Visitors are required to update this agreement if their health insurance changes.
- 2) Exchange Visitors who are not eligible for Ohio University employee health insurance benefits are **STRONGLY** encouraged to purchase Special Category Health Insurance through the university upon their arrival.
- 3) Exchange Visitors with non-Ohio University insurance are required to present a detailed description of their insurance (including dates of coverage) in English to International Student and Faculty Services (ISFS) staff within one week of arriving in the United States. ISFS staff will determine whether the insurance coverage meets the requirements. If ISFS staff determines that the coverage does not meet the requirements, the Exchange Visitor will be required to purchase Special Category Health Insurance through the university.
- 4) International Student and Faculty Services (ISFS) may randomly audit Exchange Visitors for compliance with this agreement.
- 5) Questions should be addressed to the director of ISFS.



OHIO
UNIVERSITY

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International Student and Faculty Services
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Part II: Exchange Visitor Health Insurance Agreement

Exchange Visitor	
First name	Last name

Accompanying dependents (Please attach separate sheet for any additional dependents)	
First name	Last name
First name	Last name
First name	Last name
First name	Last name

Exchange Program Information	
Program start date	Program end date
OU Employee (circle one) Yes No	Ohio University Department

Statement of Agreement:

As a J-1 Exchange Visitor at Ohio University, I have read and understand the Exchange Visitor Health Insurance Requirements (Part I). I agree to comply with these requirements and understand that failure to do so may lead to termination of my Exchange Visitor status.

My health insurance coverage is as follows (check one):

- I am an Ohio University employee covered by the Ohio University employee health insurance plan; I have purchased coverage through this plan for my accompanying dependents. (Copies of health insurance cards required within one month.)
- I have purchased Special Category Health Insurance through the university for my accompanying dependents and myself. (Copies of payment required.)
Coverage start date: _____ Coverage end date: _____
- I have purchased non-Ohio University health insurance for my accompanying dependents and myself that meets the requirements outlined in Part I. A detailed description of the coverage in English is attached. **THIS INSURANCE IS SUBJECT TO ISFS APPROVAL.**
Coverage start date: _____ Coverage end date: _____

Signature: _____ Date: _____

<p>For ISFS use only: Insurance coverage verified (initials and date): _____ Notes:</p>
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