

**J-1 Insurance Verification Form for Students**

As a J-1 Exchange Visitor under the sponsorship of Wellesley College, I understand that according to federal regulations governing the J-1 Exchange Visitor Program [22 CFR 514.14 (h)] all Exchange Visitors must have sickness and accident insurance for the duration of their stay in the following amounts:

- (a) **Minimum Coverage**—At a minimum, insurance shall cover: (1) medical benefits of at least **\$100,000** per person per accident or illness; (2) repatriation of remains in the amount of **\$25,000**; and (3) expenses associated with medical evacuation in the amount of **\$50,000**.
- (b) **Additional Terms**—A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds **\$500** per accident or illness, and must meet other standards specified in the regulations.
- (c) **Maintenance of Insurance**—Exchange visitors and their dependents must maintain the required insurance during the duration of their program.

*Wellesley College and Massachusetts state regulations require all visiting exchange students to purchase the Wellesley health plan unless they have insurance from a U.S. based insurance company.*

I certify that I have been advised of these insurance requirements and understand that failure to have insurance in the required amounts will lead to loss of legal status and termination from the program.

I certify that I am enrolled, or will enroll within five days of the date below; in an insurance plan that covers me in the required amounts.

- I will be covered by the Wellesley College Insurance Plan.
- I will be covered by my own U.S. health insurance company. *(You must apply for and receive a waiver from the Wellesley College Plan.)*

The name and U.S. address of the insurance company through which I have insurance as required, and the policy identification number, are listed below.

Insurance Company: \_\_\_\_\_

U.S. Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy start date: \_\_\_\_\_ Policy end date: \_\_\_\_\_

I understand that it is my responsibility to maintain appropriate health insurance coverage throughout my stay as a J-1 Exchange Visitor. If I fail to maintain the required insurance coverage, Wellesley College will terminate me from its Exchange Visitor program and notify the Department of State. Such action will result in loss of my legal status as an Exchange Visitor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

Revised: November 2014

