

Insurance Verification for J-1 Exchange Visitors

☐ As a J-1 Exchange Visitor under the sponsorship of Babson College, I understand that federal regulations [22 CFR 62.14] and Massachusetts state regulations require adequate health care coverage for all J-1 Exchange Visitors and their J-2 dependents.

The requirements are as follows:

- (a) *Minimum Coverage* — 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. For J-1 visitors, this deductible cannot exceed \$250 per accident or illness.
- (c) *Maintenance of Insurance* — Exchange visitors and their dependents must maintain the required insurance for the duration of their stay in J status.
- (d) *The U.S. health insurance must be headquartered in the U.S.* A U.S.-based claims payer does not meet this requirement.

☐ I understand that failure to maintain adequate insurance for myself and/or my dependents may be considered a violation of my lawful immigration status.

J-1 Students: *Babson College and Massachusetts state regulations require all students purchase the Babson health insurance plan unless they have comparable insurance from an insurance company headquartered in the U.S. Students are automatically enrolled in the Babson Plan.*

- ☐ I will be covered by the Babson College student health insurance plan.
- ☐ I will be covered by another U.S. health insurance plan. *You must apply for and receive approval of a waiver from the Babson College health insurance plan. For further information on obtaining a waiver, login to the Hub and look under Student Financial Services. Waiver requests are due on the same day as your semester bill due date.*

J-1 Scholars: ☐ I will be covered by the Babson College employee health insurance plan.
☐ I will be covered by another U.S. health insurance plan.

J-2 Dependents (if applicable): ☐ My dependent(s) will be covered by my insurance plan.
☐ My dependent(s) will be covered by another U.S. health insurance plan.

If other than the Babson College (student or employee) insurance plan, please provide details regarding the plan in which you/your dependents(s) have enrolled to meet the required insurance mandate.

U.S. Health Insurance Company:

Insurance Company Address:

Policy #: _____ Policy start date: _____ Policy end date: _____

I understand that it is my responsibility to maintain the required health insurance coverage for myself and my dependent(s) (if applicable) throughout my stay as a J-1 Exchange Visitor.

Name (printed)

Signature

Date