J Exchange Visitor Insurance Verification Form

FOR INSURANCE COMPANY REPRESENTATIVES OR HUMAN RESOURCE BENEFIT REPRESENTATIVES

Please email to: oiss@rice.edu OR fax to: 713-348-6058

One of Rice University's responsibilities as a J-1 Program Sponsor is to report on the compliance of each J Exchange Visitors. This includes the verification that J-1 Exchange Visitors have secured and are maintaining health insurance that meet the U.S. Department of State's minimum coverage requirements. J Exchange Visitors may satisfy the insurance requirements through private or employer sponsored plans as long as the coverage meets all J requirements and proof is provided for the duration of their program for themselves and any dependents. All documentation must be in English.

Must be completed by an Insurance Company Representative or Human Resources Benefit Representative if plan is through employment. Complete separate forms for each covered individual. Please write clearly:

Name of Insurance Company: _____

Country of Insurance Company: _____

Name of Insurance Company Representative/HR Benefit Representative: First: _____ Last: _____

Phone number of Insurance Company Representative/HR Benefit Representative: (include country code if not in the US) _____

Email address of Insurance Company Representative/Human Resources Benefit Representative: _____

Name of Policy Holder: First: _____ Last: _____

The above named person meets the eligibility criteria set by the insurance company and enrolled into the following plan:

Insurance Plan: _____

Group Number: _____ Policy Number: _____

Coverage Effective Date: _____ Coverage Termination Date: _____

I hereby attest that this plan meets the following minimum standard. Please respond to each statement by checking the "YES' or "NO" box.

The insurance plan for the above named policy holder:

☐ **YES** ☐ **NO 1**. Provides medical benefits in the United States of at least USD 100,000 per accident/illness.

If there are any restrictions on the policy, please specify: _____

☐ **YES** ☐ **NO 2**. Provides for expenses associated with medical evacuation of the exchange visitor to his/her home country in the amount of at least USD 50,000.

☐ **YES** ☐ **NO 3**. Provides repatriation of remains to his/her home country (should he/she die while in the United States) of at least USD 25,000.

☐ **YES** ☐ **NO 4**. Provides a minimum 75% coverage for each accident/illness in the United States.

If there are any restrictions, please specify: _____

☐ **YES** ☐ **NO 5**. Has a deductible of no more than USD 500 per accident/illness.

☐ **YES** ☐ **NO 6.** Covers pre-existing conditions with a wait period of no more than 6 months.

If there are any limitations and/or a different wait period, please specify: _____

☐ **YES** ☐ **NO 7**. The plan is backed by the full faith and credit of the home country government (if a national plan), or the company providing the insurance must meet minimum rating requirements established by the U.S. government (an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Pool's Claims-paying Ability rating of "A-" or above, or a Research, Inc. rating of B+ or above).

REQUIRED: Insurance Company or Human Resources Representative's Printed Name and Signature

Printed Name: _____

Signature: _____ Date: _____