

Statement of Compliance with Exchange Visitor - Health Insurance Requirements

J-1 Exchange Visitors and their J-2 dependents must be covered by health insurance for the duration of their exchange visitor program in the United States. Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program. The relevant United States Department of State (DOS) regulations are published in the Code of Federal Regulations [22 CFR 62.14]. Please note that you and your accompanying spouse and dependents may also be subject to the requirements of the Affordable Care Act.

Minimum health insurance coverage must provide:

- (1) Medical benefits of at least \$100,000 per accident or illness;
- (2) In case of death, repatriation of remains in the amount of \$25,000;
- (3) In case of serious illness or injury, payment of expenses associated with the medical evacuation of exchange visitors to their home country in the amount of \$50,000; and
- (4) A deductible not to exceed \$500 per accident or illness.

In calendar year 2016, the HMO and PPO health insurance plans offered by Bucknell meet specifications (1) and (4) above. If you enroll in one of these plans, you are responsible for purchasing insurance on behalf of you and your dependents for the duration of your program to meet requirements (2) and (3) above. If you do not enroll in a health insurance plan offered by Bucknell, you are responsible for purchasing alternative coverage on behalf of you and your dependents for the duration of your program to comply with all DOS requirements above.

The regulations continue: “An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above...or who makes a material misrepresentation to the sponsor [Bucknell University] concerning such coverage shall be deemed in violation of these regulations and shall be subject to termination as a participant.” [22 CFR 62.14(h)]

Please sign the following statement certifying compliance with the above requirements:

I understand the insurance requirements as set forth in the DOS regulations. I certify that I have the required insurance or will enroll in an insurance plan or combination of plans to meet the specifications. I further certify that I will also enroll all dependents who currently accompany me or who follow to join me in J-2 visa status.

I also understand that if Bucknell University learns that I have willfully failed to purchase appropriate insurance coverage, it is obligated to terminate me from its Exchange Visitor Program and will notify the DOS that I have been so terminated. Such action will result in my loss of legal immigration status and employment.

Name printed

Signature

Date