

## Statement of Compliance with Exchange Visitor Health Insurance Requirements

Department of State (DOS) regulations [22 CFR 62.14] require that J-1 Exchange Visitors and their J-2 dependents must be covered by sickness and accident insurance for the duration of their stay in the United States. Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program.

Minimum health insurance coverage must provide:

- ① Medical benefits of at least \$50,000 per accident or illness;
- ② In case of death, repatriation of remains in the amount of \$7,500;
- 3 In case of serious illness or injury, payment of expenses associated with medical evacuation of the Exchange Visitor to his or her home country in the amount of \$10,000; and
- A deductible not to exceed \$500 per accident or illness.

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 (Woods Hole Oceanographic Institution) concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant." (22 CFR 62.14(h))

$\leftarrow\leftarrow\leftarrow\leftarrow\leftarrow$					$\leftarrow\leftarrow$	<del></del>	-	$\leftarrow$	<del></del>	-	<del>-</del>	<del></del>	-	$\leftarrow$	<del></del>	<b>-</b>	-	<del>-</del>	$\leftarrow$	$\leftarrow$	$\leftarrow$	<del>(</del>	<del></del>	$\leftarrow$
Exchange '	Visitors	s must	sign	the	foll	owii	าย ร	stat	eme	ent	una	on a	rriv	al	at V	WH	OI	:						

I understand the insurance regulations as stipulated by the DOS, and I certify that I have the required insurance or will enroll, upon arrival at WHOI, in an insurance plan or combination of plans to meet the specifications. I further certify that I have enrolled or will also enroll all dependents who currently accompany me or who follow to join me in J-2 status.

I also understand that if I willfully fail to meet this regulation, the Institution 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. I thus certify that I agree to maintain insurance coverage for the duration of my appointment at the Institution.

Signature	Print Name
Date	