

## Attestation of Exchange Visitor Health Insurance Coverage

I, \_\_\_\_\_, understand that as a J exchange visitor attending SUNY ESF, myself, the J-1 primary, and my associated J-2 dependents, are required by U.S. immigration regulations [22 CFR 62.14] to maintain comprehensive health insurance that meets the minimum requirements established by the U.S. Department of State as detailed in the Code of Federal Regulations (22 CFR 62.14) as well as the minimum coverage requirements set forth by SUNY (noted below):

- Coverage of pre-existing conditions;
- Medical benefits of at least \$200,000 (US) per person per accident or illness;
- Expenses associated with medical evacuation to home country in the amount of \$10,000;
- Repatriation of remains in the amount of \$7,500;
- A deductible not to exceed \$50 per sickness or injury;
- Medical benefit coverage payable up to the reasonable and customary charges of the following expenses:
  - Physician and surgical, ambulance, emergency room, in-patient and out-patient care, mental and nervous costs, maternity care, nursery care of a newborn child;
- Inpatient and outpatient treatment of mental and nervous disorders; and
- Any insurance policy secured to fulfill the above-requirements must be underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; An Insurance Solvency International Ltd. (ISI) rating of "A-I" or above; a Weiss Research, Inc. rating of B+ or above, or such other rating service as the United States Information Agency (USIA) may specify from time to time. Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement.

An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.

**Please affirm the following by typing in your name and/or the names of your dependents as appropriate and signing the bottom of the form.**

I, \_\_\_\_\_, affirm that I currently have health insurance coverage that meets the SUNY and U.S. Department of State's minimum health insurance requirements.

I, \_\_\_\_\_, affirm that I have maintained health insurance coverage that meets the SUNY and U.S. Department of State's minimum health insurance requirements throughout the entirety of my J exchange visitor program.

I, \_\_\_\_\_, attest that the above information is true and that I have not violated my J-1 exchange visitor status.

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Print Name

Signature

SU ID #

Date