

**Attestation of Exchange Visitor Health Insurance Coverage**

I, \_\_\_\_\_, understand that J exchange visitors, both the J-1 primary and any 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) and noted below.

1. Medical benefits of at least \$50,000 per accident or illness;
2. Repatriation of remains in the amount of \$7,500;
3. Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of \$10,000;
4. A deductible not to exceed \$500 per accident or illness;
5. 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-" 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.
6. 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.

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

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

I, \_\_\_\_\_, affirm that my J-2 dependent(s), \_\_\_\_\_, currently have health insurance coverage that meets the U.S. Department of State's minimum J exchange visitor health insurance requirements.

I, \_\_\_\_\_, affirm that I have maintained health insurance coverage that meets the U.S. Department of State's minimum J exchange visitor health insurance requirements for all of my J-2 dependent(s), \_\_\_\_\_, 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	Date
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