Eligibility Application for J-1 Student Health Insurance Exemption

Health care in the United States is very expensive, and the Office of International Affairs wants to ensure everyone on the J-1 program has adequate coverage.

The U.S. Department of State requires all J-1 students and their dependents who accompany them to the United States to have health insurance during their entire stay in the United States. All Ohio State students and accompanying dependents must purchase the Ohio State health insurance plan.

The U.S. Department of State requires that minimum coverage for J-1 students shall provide:

- 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 medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000
- 4. A deductible not to exceed \$500 per accident or illness

Any policy plan or contract secured to fulfill the above requirements must, at minimum, be:

- 1. 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 Standard and Poor's Claimspaying Ability rating of "A" or above, a Weiss Research, Inc. rating of B+ or above, or such other rating service as the Agency may from time to time specify; or
- 2. Backed by the full faith and credit of the government of the exchange visitor's home country; or
- 3. Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
- 4. Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

Certification of U.S. Department of State Minimum Requirements

I (print name)	date of birth
(mm/dd/yyyy), email	,
certify that my health insurance plan meets the U.S. Department	of State minimum requirements
specific for J-1 Students. I also verify that I will maintain the heal	th insurance coverage for the entire
duration of my program. My insurance does provide the followin	ıg:
 Medical benefits of at least \$50,000 per accident or illness Repatriation of remains in the amount of \$7,500 Expenses associated with medical evacuation of the exch in the amount of \$10,000 A deductible not to exceed \$500 per accident or illness 	
I understand that if my statements are fraudulent, my J-1 Exchan by The Ohio State University. I will not hold Ohio State liable for t State's insurance requirements.	
J-1 Student Signature:	
Date (mm/dd/yyyy):	

For Office Use Only:

Advisor:

 \Box Approved \Box Denied

