

Exchange Visitor (J) Insurance Waiver

Statement of understanding and compliance with **Exchange Visitor (J)** insurance requirements

Office of International Student Services
One South Avenue • Post Hall, Room 203 • Garden City, NY 11530-0701 • USA
516.877.4990 • Fax: 516.877.3871 • iss.adelphi.edu

Family/Surname: _____ First/Given name: _____

I agree that I am/will be in compliance with the insurance regulations as specified in 22 C.F.R. § 514.14 of the J-1 Exchange Visitor Program, and I understand that it is my responsibility to maintain my status and continue health insurance coverage for myself (and my J-2 dependents, if applicable) for the duration of my J-1 program.

I am/will be a/an Exchange student Professor Short-term scholar Research scholar Student intern

Department name at Adelphi University _____

Dates of program participation _____

Beginning date _____ Ending date _____

EXCHANGE STUDENT INSURANCE REQUIREMENTS

Individuals in J status must have insurance in effect during the period of status associated with Adelphi University. The policy must provide:

- Medical benefits of at least \$100,000 for each accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness
- An insurance policy secured to meet the benefit requirements must be underwritten by an insurance corporation with an A.M. Best Company rating of A- or above, an Insurance Solvency International, Ltd. (ISI) rating of A-1 or above, a Standard & Poor's claims paying ability rating of A- or above or a Weiss Ratings of B+ or above.

Signature: _____ Date: _____

Please submit this form and a copy of your valid insurance coverage for your period of time in the United States to the Office of International Student Services prior to your arrival at Adelphi.