



**COMPLIANCE AGREEMENT FORM  
EXCHANGE VISITOR PROGRAM (J-1) - HEALTH INSURANCE REGULATIONS**

The U.S. Department of State regulations require all those in J-1 and J-2 immigration status to carry health insurance throughout their presence in the United States.

This requirement can be met by any of the following options:

1. The University of Utah sponsoring department provides insurance coverage as part of the salary and benefit package offered to the exchange visitor.
2. The individual scholar purchases insurance coverage.
3. A sponsoring government or agency provides insurance coverage.

The health insurance must meet the following criteria and provide the following benefits:

- √ Medical benefits of at least \$100,000.00 per accident or illness.
- √ Repatriation of remains in the amount of \$25,000.
- √ Expenses associated with medical evacuation to home country in the amount of \$50,000.
- √ A deductible not to exceed \$500 per accident or illness.
- √ Covers pre-existing conditions after a reasonable waiting period.
- √ May include provision for co-insurance up to 25% of the covered benefits per accident or illness.
- √ Coverage for activities inherent to the exchange program.
- √ Underwritten by an insurance corporation rated:
  - "A-" or above by A.M. Best; or
  - "A-i" or above by Insurance Solvency International; or
  - "A-" or above by Standard & Poor's; or
  - "B+" or above by Weiss Research, Inc.

Coverage backed up by the exchange visitor's home country government is exempt from the rating requirement. In this case, your government may issue or underwrite the insurance coverage and your policy description will indicate government backing. In the case of a non-U.S. health insurance, proof of this accreditation must be presented in English, along with complete documentation that the policy benefits listed above are covered. Failure to maintain such health insurance for exchange visitors and their dependents through the duration of the program participation will be considered a violation of J-1 status and will result in termination of the program.

Please complete the section below, indicating that you understand these requirements and agree to abide by the regulations of the U.S. Department of State.

I, \_\_\_\_\_ (your full name) agree to provide health insurance coverage for the exchange visitor \_\_\_\_\_ and the following dependents \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ during the period beginning \_\_\_\_\_ to \_\_\_\_\_ (from Line 3 of DS-2019.) I understand that this insurance must meet the conditions outlined by the U.S. State Department and that failure to meet this requirement will result in the J-1 holder's termination from the Exchange Visitor Program and his or her right to stay in the United States.

\_\_\_\_ Health insurance coverage will be provided by the department. \_\_\_\_\_  
Signature – Sponsoring Department Date

\_\_\_\_ Health insurance coverage will be provided by the J-1 holder. \_\_\_\_\_  
Signature – Exchange Visitor Date