Statement of Compliance with Exchange Visitor Health Insurance Requirements

J-1 exchange visitors and their J-2 dependents must be covered by sickness and accident insurance that meets the Department of State (DOS) requirements for the duration of their participation in MIT’s J-1 exchange visitor program. Failure to have such insurance coverage may lead to loss of legal immigration status and termination from MIT’s exchange visitor program. These DOS regulations are published in the Code of Federal Regulations [22 CFR 62.14].

As of May 15, 2015, minimum health insurance coverage must provide:

1) Medical benefits of at least $100,000 per accident or illness;
2) In case of death, repatriation of remains in the amount of $25,000;
3) In case of serious illness or injury, payment of expenses associated with the medical evacuation of the Exchange Visitor to his or her home country in the amount of $50,000;
4) A deductible not to exceed $500 per accident or illness; and
5) Co-insurance (co-pay) not to exceed 25%.

The MIT employee health plans and the MIT Affiliate Health Plan meet the DOS J-1 requirements. If you will enroll in an MIT health plan, you must enroll within 30 days from the start date of your MIT appointment; otherwise, you may lose your eligibility to enroll until the next open enrollment period. When you enroll in an MIT employee health plan through ATLAS, you will voluntarily authorize payroll deductions. The MIT Affiliate Health Plan does not offer payroll deduction.

If you have insurance from an outside company or government, your insurance must meet the above limits. Note: repatriation and medical evacuation might not be included in your policy. Please check your policy/coverage. If needed, consult with the ISchO regarding how to purchase this required coverage.

J-1 exchange visitors must sign the following statement before arrival or upon arrival at MIT:

I understand the insurance regulations as stipulated by the DOS, and I certify that I have the required insurance or will enroll in an insurance plan or combination of plans to meet the specifications for the entire duration of my J-1 program within 30 days from the start date of my appointment. I further certify that I will also enroll all dependents who currently accompany me or who follow to join me in J-2 visa status within 30 days.

I also understand that if I willfully fail to purchase appropriate insurance coverage, the Institute is obligated to terminate me from its J-1 Exchange Visitor Program and will notify the DOS that I have been so terminated. Such action will result in my loss of legal immigration status.

______________________________
Name printed

______________________________          _______________________
Signature                                      Date