

## 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 for the duration of their stay in the United States. Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program. These United States Department of State (DOS) regulations are published in the Code of Federal Regulations [22 CFR 62.14].

Minimum health insurance coverage must provide:

- 1) Medical benefits of at least \$50,000 per accident or illness;
- 2) In case of death, repatriation of remains in the amount of \$7,500;
- 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 \$10,000; and
- 4) A deductible not to exceed \$500 per accident or illness.

MIT employee health plans and the MIT Affiliate Health Plan meet all of the J-1 requirements. Health insurance coverage backed by the full faith and credit of the government of the Exchange Visitor's home country meets DOS requirements.

The regulations continue: "An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above . . . or who makes a material misrepresentation to the sponsor [Massachusetts Institute of Technology] concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant." [22 CFR 62.14(h)]

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### 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. 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.

I also understand that if I willfully fail to purchase appropriate insurance coverage, the Institute is obligated to terminate me from its 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.

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Name printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date