



## INSURANCE REQUIREMENT ATTESTATION

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO INTERNATIONAL STUDENT & SCHOLAR SERVICES BEFORE A DS-2019 CAN BE ISSUED.

The United States Department of State requires all individuals who receive a Form DS-2019 (J visa document) and enter the US in J-1 exchange visitor status to have medical insurance to cover themselves and any J-2 dependents for the duration of their programs as listed on the DS-2019.

### **Enrollment in DU Student Health Insurance Plan (SHIP)**

All DU J-1 exchange visitors are **required to enroll in DU SHIP** and are not eligible to submit a waiver to the DU Health & Counseling Center.

Instructions to enroll will be sent to incoming J-1 exchange visitors prior to arrival in the US.

### **J-1 Insurance Requirements [22 CFR 62.14](#)**

Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits.

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness.
- Any insurance policy, plan, or contract must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country.

**Failure to comply with the above requirement will result in the termination of the exchange visitor's program!**

I understand that as a J-1 visa holder, I am required to maintain health insurance as specified above for myself and any accompanying J-2 dependents. **I agree that I must enroll in DU SHIP and that NO OTHER INSURANCE PLAN will be accepted.** I affirm that I have, or will have the stated insurance for the effective period of all valid forms DS-2019 issued to me and any J-2 dependents.

\_\_\_\_\_  
(Exchange Visitor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Exchange Visitor Name)

\_\_\_\_\_  
(Date of Birth)