International Student & Scholar Services
UNIVERSITY OF DENVER

Office of Internationalization
2055 E Evans Ave, Denver, CO 80210
isss@du.edu; https://internationalization.du.edu/isss

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 prior to arrival in the US.

**J-1 students in the Executive MS in Transportation & Supply Chain Management are not eligible for DU SHIP and must enroll in the Patriot America plan linked here: https://bit.ly/3NjFWGN. Instructions to enroll will be sent 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.

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(Exchange Visitor Signature) (Date)

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(Exchange Visitor Name) (Date of Birth)