

# International Student and Scholar Services (ISSS)

3109 Susquehanna Hall, College Park, MD 20742  
www.iss.umd.edu



## J-1 Health Insurance Requirement Confirmation for Students and Scholars

Submit this form with proof of Insurance Plan to ISSS in person or online at <http://ter.ps/issdocs>

Deadline: Submit to ISSS within 30 days of the program start date on your DS-2019 -- necessary for ISSS to complete your J-1 check-in!

Name:	University Identification Number (UID):
INSURANCE COMPANY NAME:	POLICY/ID NUMBER:
<b>DATES POLICY IS VALID</b> <ul style="list-style-type: none"> <li>If the DS-2019 is valid for 1 year or less, insurance must be purchased for the entire J-1 program.</li> <li>If the DS-2019 is valid for more than 1 year, insurance must be purchased for at least a year at a time.</li> </ul>	
COVERAGE DATE FROM:	COVERAGE DATE TO:

### PART 1

Section A: Select the type of health insurance plan you provided and follow the instructions below.

<input type="checkbox"/> UNIVERSITY OF MARYLAND PLAN (UMD Employee benefit plan or UMD Student plan) <ul style="list-style-type: none"> <li>Do not complete section B if you checked this box</li> <li>Go to Part II</li> </ul>	<input type="checkbox"/> PLAN FROM YOUR HOME COUNTRY ( Complete Section B and Part 2) <input type="checkbox"/> US PLAN FROM ANOTHER COMPANY (Complete Section B and Part 2)
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Section B: Please fill in the right side of the chart detailing cover in US dollars.

U.S. DEPARTMENT OF STATE REQUIRED COVERAGE FOR J-1/J-1 VISITORS (US\$)		MEETS OR EXCEEDS REQUIREMENTS? (YES/NO)
Medical Benefits	\$50000 (Minimum) provided for each accident/illness	<input type="checkbox"/> YES <input type="checkbox"/> NO
Deductible "Deductible" is the amount the policy holder pays, if any, before the insurance company pays	\$500 (Maximum) for each accident/illness	<input type="checkbox"/> YES <input type="checkbox"/> NO
Repatriation "Repatriation" is return transportation to your home country in case of death "Repatriation" is return transportation to your home country in case of death	\$7500 (Minimum)*	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emergency Evacuation "Evacuation" is return transportation in case of illness/injury when ambulance transportation is necessary	\$10000 (Minimum)*	<input type="checkbox"/> YES <input type="checkbox"/> NO

\*Separate Repatriation/Emergency Evacuation coverage, if needed (and not covered by above policy), is available to purchase at the University of Maryland Health Center.

### PART 2

As a J-1 Exchange Visitor, I understand that I must maintain health insurance for myself and my dependents (J-2 spouse/children) according to the U.S. Department of State requirements as noted above, for the duration of my J-1 program. This is part of maintaining my J-1 status. I have reviewed my policy and confirm that it meets the requirements. By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge.

SIGNATURE	
E-MAIL ADDRESS	DATE