

**EXCHANGE VISITOR INSURANCE UPDATE**

**U.S. DEPARTMENT OF STATE HEALTH INSURANCE REQUIREMENTS:**

SUMMARY OF STATE DEPARTMENT HEALTH INSURANCE MINIMUM REQUIREMENTS	
GENERAL MEDICAL COVERAGE: ACCIDENT AND ILLNESS	Minimum of \$100,000 per accident or illness for medical benefits
	Maximum co-payment of 25%
	Maximum deductible of \$500 per accident or illness
	Waiting period for pre-existing conditions consistent with current industry standard
	Coverage for all activities that are part of the exchange program
MEDICAL EVACUATION	Minimum of \$50,000 allowed for expenses related to the medical transport of the exchange visitor to his/her home country
REPATRIATION	Minimum of \$25,000 allowed for expenses related to the transport of bodily remains (in the event of death) to the exchange visitor's home country

**J-1 EXCHANGE VISITOR INFORMATION:**

FAMILY (LAST) NAME:	GIVEN (FIRST) NAME:	GENDER: MALE      FEMALE
PHYSICAL ADDRESS: CITY, STATE, ZIP CODE:		
EMAIL ADDRESS:	PHONE NUMBER:	
CURRENT MEDICAL COVERAGE PROVIDER:	CURRENT MEDICAL COVERAGE EXPIRATION DATE:	
CURRENT MEDICAL EVACUATION AND REPATRIATION PROVIDER:	CURRENT MEDICAL EVACUATION AND REPATRIATION EXPIRATION DATE:	

**J-2 EXCHANGE VISITOR INFORMATION:**

FAMILY (LAST) NAME:	GIVEN (FIRST) NAME:	GENDER: MALE      FEMALE
		RELATIONSHIP:
CURRENT MEDICAL COVERAGE PROVIDER:	CURRENT MEDICAL COVERAGE EXPIRATION DATE:	
CURRENT MEDICAL EVACUATION AND REPATRIATION PROVIDER:	CURRENT MEDICAL EVACUATION AND REPATRIATION EXPIRATION DATE:	

FAMILY (LAST) NAME:	GIVEN (FIRST) NAME:	GENDER: MALE      FEMALE
		RELATIONSHIP:
CURRENT MEDICAL COVERAGE PROVIDER:	CURRENT MEDICAL COVERAGE EXPIRATION DATE:	
CURRENT MEDICAL EVACUATION AND REPATRIATION PROVIDER:	CURRENT MEDICAL EVACUATION AND REPATRIATION EXPIRATION DATE:	

ATTACH PROOF OF J-1 EXCHANGE VISITOR'S MEDICAL COVERAGE AND MEDICAL EVACUATION AND REPATRIATION COVERAGE

ATTACH PROOF OF J-2 EXCHANGE VISITOR'S MEDICAL COVERAGE AND MEDICAL EVACUATION AND REPATRIATION COVERAGE, IF APPLICABLE