Exchange Visitor (J) Insurance Waiver

Statement of understanding and compliance with exchange visitor (J) insurance requirements
Office of International Student Services
One South Avenue • Post Hall, Room 203 • Garden City, NY 11530-0701 • U.S.A.
516.877.4990 • Fax: 516.877.3148 • iss.adelphi.edu

Family/Surname: ___________________________________________ First/Given name: ___________________________________________

I agree that I am/will be in compliance with the insurance regulations as specified in 22 C.F.R. § 514.14 of the J-1 Exchange Visitor Program, and I understand that it is my responsibility to maintain my status and continue health insurance coverage for myself (and my J-2 dependents, if applicable) for the duration of my J-1 program.

I am/will be a ☐ Exchange student ☐ Professor ☐ Short-term scholar ☐ Research scholar ☐ Student intern

Department name at Adelphi University ___________________________________________

Dates of program participation ___________________________________________

Beginning date ___________________________ Ending date ___________________________

EXCHANGE STUDENT INSURANCE REQUIREMENTS

Individuals in J status must have insurance in effect during the period of status associated with Adelphi University. The policy must provide:

• Medical benefits of at least $100,000 for each accident or illness
• Repatriation of remains in the amount of $25,000
• Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of $50,000
• A deductible not to exceed $500 per accident or illness
• An insurance policy secured to meet the benefit requirements must be underwritten by an insurance corporation with an A.M. Best Company rating of A– or above, an Insurance Solvency International, Ltd. (ISI) rating of A-1 or above, a Standard & Poor’s claims paying ability rating of A– or above or a Weiss Ratings of B+ or above.

Signature: ___________________________________________ Date: ___________________________

Please submit this form and a copy of your valid insurance coverage for your period of time in the United States to the Office of International Student Services prior to your arrival at Adelphi.