

# J-1 SCHOLAR AND J-2 DEPENDENT HEALTH INSURANCE DISCLOSURE

**MICHIGAN STATE**  
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS  
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## **THIS SECTION TO BE COMPLETED BY THE STUDENT/SCHOLAR:**

Surname:	Given Name(s):
Date of Birth:	SEVIS ID #: N
Program Start Date:	Program End Date

Health insurance coverage is a requirement of all Exchange Visitors in J-1 or J-2 visa status. The U.S. Department of State (DOS) has established the following minimum insurance requirements:

1. Medical insurance must cover the entire period of participation in the Exchange Visitor program.
2. Medical benefits must provide a minimum of \$100,000 per accident or illness.
3. Medical evacuation must be covered in the amount of \$50,000, minimum.
4. Repatriation must be covered in the amount of \$25,000, minimum.
5. The deductible must not exceed \$500 per accident or illness.

Please report how you are meeting the above requirements.

### **Check one of the following three boxes:**

- I am an employee of MSU and am receiving Blue Care Network or Community Blue health insurance coverage as a part of my employee benefits package.
- I have purchased the optional Aetna Student Health coverage available from the MSU Benefits Office.

Coverage start date: ____/____/____	Coverage end date: ____/____/____
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- I am using a health insurance provider that is not affiliated with MSU.

Check one and fill in the company's information below:

- I have purchased a health insurance policy in my home country which is effective in the United States and meets the above requirements.
- I have purchased a health insurance policy from a private company in the United States which meets the above requirements.

Name of Insurance Company:		
Name of Insurance Plan:		
Phone:	E-mail:	Website:
Coverage start date: ____/____/____	Coverage end date: ____/____/____	

*We recommend that you submit this completed form along with copies of all relevant health insurance documents from your non-MSU insurance provider.*

Scholar Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_