

Yale University *Office of International Students and Scholars*

All J-1 Exchange Visitors and any accompanying J-2 dependents are required by the J Exchange Visitor federal regulations to have medical insurance from the first day of your Yale appointment through the entire duration of your stay. If you are receiving health insurance benefits as part of your Yale appointment you do not need to purchase additional insurance as the Yale plans meet the Exchange Visitor minimum requirements. If you are **NOT** eligible for a Yale health insurance benefit, you must select medical insurance that best meets your need and the needs of any family members. The plan you select must meet the minimum levels of coverage listed below.

1. \$100,000 per accident or illness.
2. A deductible of no more than \$500 per illness and a co-pay not to exceed 25%
3. Medical evacuation in the amount of \$50,000. *Evacuation* refers to transporting an injured person for medical treatment.
4. Repatriation coverage for up to \$25,000. *Repatriation* refers to transporting a body to the country of citizenship after death. (see below)

More detailed information about the requirements is available on the [Department of State website](#).

***Repatriation and Medical Evacuation Insurance** If you are in the U.S. on Yale's J-1 visa sponsorship (as employee or unpaid affiliate) items #3 and #4 are covered for you by [International SOS](#), a travel assistance program purchased by the University. International SOS coverage automatically extends to the spouse (including same sex partners eligible for other University benefits) and legal dependents of University students and current employees whether they are traveling together or separately. Please read the [International SOS policy for details](#). For more information, go to <https://ogc.yale.edu/erm/ISOS>.

J-1 Insurance Compliance Statement

- I understand that as a J-1 Exchange Visitor it is my responsibility to obtain medical insurance coverage that meets the minimum requirements as stated above from the first day of my J-1 program and throughout its duration.
- I further understand that any family members in J-2 status must obtain and maintain medical coverage as outlined above, including repatriation and medical evacuation insurance.
- In addition, I understand that if at any time I, or my J-2 dependents, falsely represent or willfully fail to maintain the J-1 insurance requirements I will be in violation of the Exchange Visitor Program regulations and will be subject to termination as a J Exchange Visitor participant.
- I certify that I am in compliance with this regulation, have obtained the required medical insurance coverage and have an obligation to maintain throughout the duration of my stay at Yale.

First/Given Name: _____ Last/Family Name: _____

Signature: _____ Date: _____