



J Exchange Visitor Insurance Worksheet

1. I have accessed and read the online presentation explaining "Health Insurance for J-1 and J-2 Visitors to Fermilab".	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ (initials)
2. I understood the online presentation explaining "Health Insurance for J-1 and J-2 Visitors to Fermilab" or, if I had questions, I contacted the Visa Office for clarification and now understand my obligations relating to health insurance coverage while participating in Fermilab's J-1 Exchange Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ (initials)
3. I have obtained health insurance for my stay in the U.S.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ (initials)
4. My program should begin on or after (month/day/year) <i>and</i> My program should end on or before (month/day/year)			<div style="background-color: yellow; border: 1px solid black; padding: 2px;">/ /</div> <div style="text-align: right; font-size: small;">to</div> <div style="background-color: cyan; border: 1px solid black; padding: 2px;">/ /</div>
4. My insurance will begin on (month/day/year)			<div style="background-color: yellow; border: 1px solid black; padding: 2px;">/ /</div>
6. My insurance will end on (month/day/year)			<div style="background-color: cyan; border: 1px solid black; padding: 2px;">/ /</div>
7. I understand that J regulations require that my insurance covers me for the entire time between the start and end dates listed in Box 3 of the DS-2019. If the DS-2019 dates change, then I understand that the dates of coverage for my insurance might also have to change to ensure I have insurance throughout my J program.			Initials: _____
8. I understand that if I spend any time in the U.S. before or after the coverage dates of my insurance, I will be solely responsible for any healthcare expenses I incur for any accidents, illnesses or other care.			Initials: _____
9. My insurance provider's company name is.....			
10. My insurance plan name is.....			
11. I understand that J regulations require that the insurance be underwritten by a corporation that meets certain requirements. I have confirmed the underwriter for my insurance either through one of the insurance agents or through research on the internet.	I confirm that my insurance is underwritten by: _____		
12. I understand that J regulations require that insurance underwriters meet or exceed one of the ratings standards set by the Department of State, as listed below: A.M. Best.....A- or higher McGraw Hill / Standard & Poor.....A- or higher Weiss Research.....B+ or higher Moody's Investor Services.....A3 or higher Fitch Ratings.....A- or higher	I confirm that my insurance underwriter is rated as follows: _____		
13. I confirm that my insurance coverage includes the following:	a) Medical benefits of at leastUS\$_____ per accident / illness b) Deductible ofUS\$_____ per accident / illness (or) Coinsurance of% per accident / illness		
14. I confirm I have uploaded to the online system documentation of each of the following elements: a. A document that verifies my coverage, the insurance provider, and the insurance plan..... b. A document that verifies the insurance underwriter..... c. A document that verifies the covered benefits and amounts of coverage (total benefits, deductibles, coinsurance)	List the names of the documents: _____ _____, and _____		
15. I understand that if I fail to maintain qualifying insurance during my program, Fermilab is required by J regulations to close my J program, and I would then need to immediately return to my home country.	Initials: _____		

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16. I <input type="checkbox"/> do <input type="checkbox"/> do not have a spouse or child who will accompany me to the U.S. (If you do not have a spouse or child who will accompany you to the US in J status, stop here).	<input type="checkbox"/> Accompanying family <input type="checkbox"/> NO accompanying family
17. I understand that J regulations require that my spouse and child have insurance covering them for sickness and accidents during the program dates listed on the DS-2019.	Initials: _____

J-1 Insurance Requirements Summary

Both J-1 and J-2 visa holders must have medical insurance that meets the following:

- Medical benefits of at least US\$100,000
- A deductible of no more than US\$500 per accident/illness
- Co-insurance of no more than 25% of the benefit

The insurance must either be backed by your home country OR be underwritten by an insurance company that has one of the following ratings:

- A.M. Best:.....A- or higher
- McGraw Hill / Standard & Poor.....A- or higher
- Weiss Research.....B+ or higher
- Moody's Investor Services.....A3 or higher
- Fitch Ratings.....A- or higher

Fermilab's Visa Office has confirmed the following as of January 2015:

Insurance Company / Plan / Program	Insurance Underwriter	Rating	Acceptable?
Assura-Basis S.A.	Switzerland	Backed by Home Country	YES
Bajaj Allianz Travel Elite	Allianz Global Insurance	A.M. Best A+	YES
Blue Cross Blue Shield of Illinois	Health Care Service Corporation	A.M. Best A+	YES
Dongbu Insurance Co. Ltd	Dongbu Insurance Co. Ltd	AM Best A	YES
Europæiske Rejseforsikring A/S	Holland	Backed by Home Country	YES
HCC Medical Insurance Services	Lloyd's, London	AM Best A	YES
IFFCO-Tokio General Insurance. Co.	Tokio Marine (T.M.) Speciality Insurance Company	A.M. Best A++ ("Superior")	YES
IMG International Medical Group	Sirius International Insurance Corporation	A.M. Best A	YES
Insurance through the U.K. Science & Technology Facilities Council (STFC)*	AIG Europe Ltd.	AM Best A	YES
Insurance through the University of Manchester*	Royal Sun Alliance Ins. Plc	Standard & Poor A	YES
AIG Insurance Company China Ltd.	AIG Insurance Company China Ltd.	Not rated	NO
Assist Card	STARR INTERNATIONAL BRASIL SEGURADORA S.A	Not rated	NO
HDFC ERGO General Insurance Company Ltd.	HDFC ERGO General Insurance Company Ltd.	Not rated	NO
Karvat Cover-More Assist Pvt. Ltd - TrawellTag	United India Insurance Co. Ltd	A.M. Best B+	NO
Mapfre Asistencia - Segurviaje	Mapfre Asistencia	Moody's Baa	NO
Sansan Versicherungen AG	Helsana Group?	Not rated	NO

For more information, please review the **"Medical Insurance Requirements Presentation"** handout or contact the **Visa Office at visaoffice@fnal.gov**.