

EVIDENCE OF HEALTH INSURANCE

NOTE: Write name as it appears in your passport biographical page.

Name of Student: _____
(Family/Last Name) (First/Give Name) (Middle Name)

I understand that UC San Diego requires me and all my J-2 dependent family members to have the following federally required minimum health insurance coverage throughout my stay:

- Medical benefits of at least \$100,000 per accident or illness (any coinsurance required payment cannot exceed 25%)
 - Repatriation of remains in the amount of \$25,000
 - Medical evacuation expenses in the amount of US \$50,000
 - Deductible not to exceed US \$500 per accident or illness
 - Preexisting conditions must be covered, with an allowable waiting period not to exceed 12 months
 - If I purchase a non-UC San Diego sponsored insurance, the insurance corporation underwriting the policy must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government
- I understand that I must either purchase a medical insurance plan through Garnett-Powers & Associates, Inc., or purchase an alternate plan that meets the minimum requirements as indicated above. **FAILURE TO DO SO CAN RESULT IN TERMINATION OF MY J-1 PROGRAM.**
 - I understand that if I become a Resident Alien for Tax Purposes, I will need to be enrolled in an "Affordable Care Act" (ACA)-compliant insurance plan, and that the Gallagher plan options for Visiting Scholars and alternative insurance plans designed solely for J exchange visitors are not ACA-compliant.
 - I understand that government regulations require the university to terminate my J-1 status if it is determined that I or my family members willfully fail to comply with health insurance requirements.

To meet the J-1 insurance coverage requirements, I will (please choose ONE of the following options):

- Purchase a Gallagher insurance plan (to enroll in one of the plans, follow the instructions at https://clients.garnett-powers.com/vs/ucsd_ispo/)
- Purchase coverage through an alternate plan that meets the requirements indicated above. I will have the policy reviewed and certified by Gallagher insurance (to apply for this waiver, follow the instructions at https://clients.garnett-powers.com/vs/ucsd_ispo/)

***You are required to have proof of enrollment or proof of waiver within 30 days of your post-completion Academic Training start date. Proof of enrollment or proof of waiver will be automatically forwarded to ISPO once you complete one of the steps above.**

Student Certification (Required)

I have been informed about the health insurance requirements and the need to maintain the insurance for myself and all family members throughout my stay at UC San Diego.

Student signature _____

Date (Month/Day/Year): _____