

HEALTH INSURANCE MEMORANDUM OF UNDERSTANDING

NOTE: The J-1 student must sign and date this form before UC San Diego can issue a form DS-2019 (photocopy or scanned copy of this form is acceptable).

TO BE COMPLETED BY STUDENT

Name of Student _____
(Last Name, First Name)

UCSD Department _____

- I understand that it is recommended that I and dependent family members have the following minimum health insurance coverage throughout my stay:
 - Medical benefits of at least \$100,000 per accident or illness
 - Repatriation of remains in the amount of \$25,000
 - Medical evacuation expenses in the amount of \$50,000
 - Deductible not to exceed \$500 per accident or illness
 - I understand that by enrolling as a student at UC San Diego and may be eligible to purchase the Student Health Insurance Plan (SHIP), I will meet the minimum health insurance requirements.
 - I understand the cost of this insurance. If I choose to waive SHIP and have my own insurance policy, the insurance corporation underwriting the policy must have one of the following ratings:
 - An A.M. Best rating of "A-" or above
 - An Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above
 - A Standard & Poor's Claims paying Ability rating of "A-" or above
 - A Weiss Research, Inc. rating of B+ or above
- *In addition, the policy must meet the following requirements: <http://studenthealth.ucsd.edu/ucshipwaiver.shtml#qualify>
- I understand insurance coverage backed by the full faith and credit of the government of my home country will also meet the rating and SHIP waiver requirements.

Please choose ONE of the following:

- I will be covered by SHIP.
- I will be covered by my home country health insurance plan during my stay in the USA.
- I will be covered by insurance provided by my employer while on Academic Training.
- Other: _____

Student Certification (Required)

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

Student signature _____ Date _____