

**COUNCIL OF INTERNATIONAL PROGRAMS USA
HEALTH INSURANCE REQUEST FORM
GLOBAL PARTNER PROGRAM**

The Council of International Programs USA offers trainees the required U.S. Department of State J-1 visa health insurance through HTHWorldwide Insurance. All CIPUSA J-1 trainees and their dependents are required to have medical insurance coverage with the following minimum benefits during their training program [J-1 regulation 22 CFR 62.14]:

- ❖ Medical benefits of **at least** \$50,000 per accident or illness
- ❖ Repatriation of remains in the amount of \$7,500
- ❖ Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000
- ❖ Prescription drugs 100% coverage
- ❖ A deductible not to exceed \$500 per accident or illness.
- ❖ An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above.

Trainees may choose one of the following medical coverage options:

Option #1:

Trainees may choose to use their own medical coverage as long as the coverage meets the requirements listed above.

Option #2:

CIPUSA can provide trainees health insurance through HTHWorldwide at the cost of \$78 per month. This plan covers the Evacuation package too. This amount representing coverage for your entire length of stay is to be paid in full to CIPUSA prior to arrival in the United States.

Option #3:

CIPUSA can provide trainees with an Evacuation Package. Some trainees may be offered to join their training site's insurance program. Most U.S. insurance policies do not provide the repatriation of remains or cover expenses associated with the medical evacuation of the trainee to his or her own country. This is a supplemental package that is offered through HTHWorldwide for \$15 per month.

Information about HTHWorldwide health insurance can be found at www.hthstudents.com or else you can contact the CIPUSA office. Attached there is a summary description of the plan benefits. *Please know that the insurance offered is considered traveler's insurance and should only be used for emergencies. This coverage will not cover any pre-existing conditions, basic dental, vision, or doctor's visits.*

Please return the attached form to indicate if you will use the HTHWorldwide Insurance offered by CIPUSA or your own insurance. **FAILURE TO HAVE ADEQUATE HEALTH INSURANCE COVERAGE WILL RESULT IN IMMEDIATE PROGRAM TERMINATION!**

Once we receive the attached sheet we can begin the enrollment process. You should receive your health insurance card 2-3 weeks after your arrival to the U.S. Please know that you can download your insurance card from the HTHstudents web site after 3-4 days of enrollment.

**PLEASE FAX THE ATTACHED SHEET TO CIPUSA AT 216.566.1490
or mail to: Council of International Programs USA
3500 Lorain Avenue, Suite 504, Cleveland, Ohio 44113**

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Please check one of the following options:

- I choose to use my own medical coverage that meets the U.S. Department of State requirements for a J-1 trainee. I will send CIPUSA proof of my insurance coverage.
- I choose to purchase CIPUSA's medical insurance through HTHWorldwide for \$78 per month. This amount will be paid in full to CIPUSA prior to my arrival in the U.S.
- I choose to purchase CIPUSA's evacuation insurance through HTHWorldwide for \$15 per month. This amount will be paid in full to CIPUSA prior to my arrival in the U.S.

Please sign and date: _____

Trainees that will use CIPUSA's medical insurance please complete the following:

Family Name	First Name	Middle Name
Date of Birth (month/date/year)	Gender	Home Country
Coverage Start Date	Coverage End Date	

Address of where the insurance card should be sent. Many trainees choose to send their cards to their training site or CIPUSA Affiliate office.

Company Name/CIPUSA Affiliate Office		
Street Address	Apt. # or Floor	
City	State	Postal Code

Email Address (in U.S.)	Phone Number (in U.S.)
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Payment to CIPUSA can be made by money order or credit card.

_____	Number of months covered	X	\$78/month	TOTAL OWED to CIPUSA _____
_____	Number of months covered	X	\$15/month	TOTAL OWED to CIPUSA _____
(Evacuation coverage only)				

If you would like to pay by credit card please complete the following:

Name on Credit Card	Credit Card Number	
Security Code (3 or 4 digit code on back of card)	Expiration Date (MM/YY)	Signature

**PLEASE FAX TO CIPUSA at 216.566.1490 or mail with money order to
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