

# Council of International Programs USA

## Training for a Changing World



### MANDATORY HEALTH INSURANCE FORM

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The U.S. Department of State **REQUIRES all J-1 trainees and their dependents 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.

CIPUSA offers the following options to its J-1 trainees for medical insurance coverage through HTH Health Insurance Worldwide ([www.hthworld.com](http://www.hthworld.com)):

Please check one of the following options, sign the form below and send to the CIPUSA office:

\_\_\_\_\_ I choose to use my own health coverage that meets the above U.S. Department of State requirements for a J-1 trainee.

\_\_\_\_\_ I choose to purchase CIPUSA's health insurance through HTHWorldwide for \$95.00 per month. This coverage meets all of the J-1 requirements including repatriation of remains and medical evacuation. This amount will be paid in full to CIPUSA prior to my arrival in the U.S. (please complete page 2 of this form for coverage)

\_\_\_\_\_ I choose to purchase CIPUSA's evacuation insurance (repatriation of remains) through HTHWorldwide for \$15 per month. This insurance is a supplementary coverage to trainees who may be receiving health insurance through their employer or their home country. This amount will be paid in full to CIPUSA prior to my arrival in the U.S. (please complete page 2 of this form for coverage)

\_\_\_\_\_ I am bringing a dependent(s) and understand that I am must purchase health insurance on their behalf as it is required by the U.S. Department of State. I understand that I must find the health insurance for them on my own. (please see page 3 for more information)

**By signing below I understand that it is my responsibility to have the required health insurance as a J-1 trainee and that I can be asked by CIPUSA at any time to show proof of coverage. If I fail to show proof of coverage I understand that my J-1 visa sponsorship will be terminated by CIPUSA as is stated in the J-1 regulations.**

**Please sign and date:** \_\_\_\_\_

**Please Fax 216.566.1490 or email this sheet to [info@cipusa.org](mailto:info@cipusa.org).**

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

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Family Name	First Name	Middle Name
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Date of Birth (month/date/year)	Gender	Home Country
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Coverage Start Date	Coverage End Date
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**All insurance cards and information will be emailed or mailed to the trainee. Please list the email and mailing address where you can be contacted in the U.S.:**

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Email address

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Mailing Address, City, State, Postal Code

**Payment to CIPUSA can be made by money order or credit card.**

Trainee Health Insurance (includes evacuation/repatriation)  
\_\_\_\_\_ Number of months covered    X    \$95/month    TOTAL OWED to CIPUSA    \_\_\_\_\_  
(minimum of 4 months if program is 4 months or more)

Trainee Evacuation coverage (evacuation/repatriation only)  
\_\_\_\_\_ Number of months covered    X    \$15/month    TOTAL OWED to CIPUSA    \_\_\_\_\_  
(minimum of 4 months if program is 4 months or more)

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

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

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Email address of credit card holder	Telephone number of Credit Card Holder
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Once we receive the completed form we can begin the enrollment process. You should receive your health insurance card 2-3 weeks after your arrival to the U.S. via mail. Please know that you can download your insurance card from the HTHstudents web site 3-4 days after enrollment.

**Please Fax 216.566.1490 or email this sheet to [info@cipusa.org](mailto:info@cipusa.org).**

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CIPUSA understands that you may be interested in shopping around for health insurance. Therefore, we offer you the following websites to view health insurance carriers that sponsor J-1 visa trainees and or their dependents. Please know CIPUSA does not endorse any of the websites below; we only offer them as possible starting points.

[www.hthworldwide.com](http://www.hthworldwide.com)

<http://www.compassbenefit.com/>

<http://www.internationalstudentinsurance.com/j1student/>

[http://www.isoa.org/compass\\_main.aspx](http://www.isoa.org/compass_main.aspx)

To further assist you in your Internet search we suggest you use the following phrases:

J-1 required health insurance

J-1 trainee health insurance

Health insurance for traveling to the U.S.