



EXCHANGE VISITOR PROGRAM HEALTH INSURANCE EVALUATION

All exchange visitors and accompanying dependents entering the United States on a J visa are required to be covered from the day they arrive by accident and health insurance that meets the levels of coverage set by the Department of State. Exchange visitors in the J visa category must have coverage at all times while in the exchange program. If the exchange visitor chooses to have accident and health insurance from a company other than the group plan offered to exchange visitors by Florida State University (FSU) through the Thagard Student Health Center, a certificate of coverage verifying the following information should be provided by the company with whom the exchange visitor wishes to have accident and health insurance coverage. The certificate of coverage can be provided to the scholar and/or faxed to *Florida State University, International Student and Scholar Center, Att: Tanya Schaad, Fax No. +(850) 644-9951.*

Name of Company _____ Policy Number _____
Dates of coverage- From: _____ To: _____

The following items will be covered in the U.S. for the following policy holder:
_____ and the following dependents accompanying this person in the United States (if applicable):

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Underwriter is rated not less than A- by Best or ISI or AA by S&P or B+ by Weiss, OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy is backed by the full faith and credit of the government of _____
<i>(Name of Country)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy offers medical benefits of at least \$50,000 per accident or illness. |
| <input type="checkbox"/> | <input type="checkbox"/> | Co-payment is 25 percent or less. |
| <input type="checkbox"/> | <input type="checkbox"/> | Deductible is less than \$500 per accident or illness. |
| <input type="checkbox"/> | <input type="checkbox"/> | The policy has pre-existing conditions provision of _____ months.
<i>(Number)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical evacuation coverage is \$10,000 or greater.* |
| <input type="checkbox"/> | <input type="checkbox"/> | Repatriation coverage is \$7,500 or greater.* |
| <input type="checkbox"/> | <input type="checkbox"/> | The policy does not unreasonably exclude coverage for perils inherent to the primary activity for which the insured is traveling to the U.S. |

Note: *If the company does not provide coverage for these items, the exchange visitor and his or her dependents can purchase this coverage at Florida State University or through another provider.*