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**INSURANCE COMPLIANCE FORM  
REQUIRED FOR J-1 EXCHANGE VISITORS & J-2 DEPENDENTS**

According to immigration regulations (22 CFR S62.144), exchange visitors and accompanying dependents are required to maintain comprehensive medical insurance with evacuation and repatriation coverage that meets U.S. government minimum requirements beginning on the start date of the program (indicated in item 3 of the DS-19) continuing to the end of the program. There cannot be any breaks or lapses in insurance coverage if one travels outside the U.S for an extended period of time during the J program.

ISSS must terminate the SEVIS record of an exchange visitor who: 1) does not provide ISSS with a valid Insurance Compliance Form by the start of the SMU J program; and 2) does not submit an updated Insurance Compliance Form when the previously reported insurance expires; and 3) does not submit an updated Insurance Compliance Form when s/he seeks to extend the program.

<b>SURNAME</b>	<b>GIVEN NAME</b>	
<b>SMU ID NUMBER</b>	<b>SEVIS ID NUMBER</b>	
Will the insurance policy include coverage for dependents	Yes	No
Insurance policy submitted for [REDACTED]		

\$100,000 per accident illness  
 Annual Deductible cannot exceed \$500  
 Coinsurance cannot exceed 25%  
 Medical evacuation coverage must be at least \$50,000  
 Repatriation of remains coverage must be at least \$25,000  
 Includes reasonable waiting period for pre-existing conditions  
 Carrier must be at least A-rated or backed by the full faith and credit of the Exchange Visitor's government.

NAME OF INSURANCE COMPANY	
POLICY NUMBER FOR HEALTH COVERAGE	
POLICY NUMBER FOR REPATRIATION/MEDICAL EVACUATIONS	
EXPIRATION DATE (MM/DD/YYYY)	

The above insurance information has been verified by		
SMU Benefits Representatives	SMU Health Center Representative	Provider Representative Name
Name	Name	Name
Email	Email	Email
Phone	Phone	Phone
Address	Address	Address

ATTESTATION Include an original signature

I certify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my J dependent(s)', insurance coverage meets the U.S. Department of States' requirements as outlined in 22 CFR S62.14.

- I understand it is my responsibility to provide proof of continuous insurance coverage to ISSS throughout my program.
- I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J2 dependents (if applicable) for the duration of the J program, the University will terminate my J program which will result in my loss of my legal immigration status and the status of any dependents accompanying me.
- I understand that I may also be subject to the requirements of the Affordable Care Act (ACA) and, if so, will purchase insurance that meets the requirements set forth in the ACA legislature in addition to the requirements established in