Exchange Visitor Program Mandated Medical Insurance Requirements
For all J-1 and J-2 Visa Holders
(Revised 16 May 2016, Reviewed 19 May 2016)

The Exchange Visitor Program requires all J-1 Exchange Visitor Participants and their family members to maintain medical insurance per 22 C.F.R. § 62.14 of the J regulations. While the Exchange Visitor Program has provided minimum insurance guidelines, it has been determined by Duke University Administration that the minimum standards do not reflect the relatively high cost of medical services in North Carolina.

All J-1 Exchange Visitors must provide evidence of adequate insurance based on the following options.

Please check (✓) the option that reflects your current J-1 status at Duke University and Health Systems:

VISITING SCHOLARS, RESEARCHERS AND STUDENTS

International Duke-Sponsored Visitors Not enrolled in a Duke academic program and Not a Duke employee.

Duke University Policy requires enrollment in the HTH Worldwide Insurance (HTH) plan. If you have a policy you wish to use instead of the HTH plan, you must submit a copy of this plan through the HTH Waiver webpage. The HTH webpage provides a waiver, you must submit a copy of the waiver and a copy of the insurance coverage to Duke Visa Services. Detailed information can be found at the following website:

https://visaservices.duke.edu/category/j1/j_health_insurance/j_health_insurance_eligibility.php

DUKE UNIVERSITY STUDENTS

J-1 and F-1 students enrolled in a Duke University academic program that requires payment of the health fee, participation in the Duke Student Medical Insurance Plan (SMIP) is mandatory. Students will be automatically enrolled in the Duke SMIP plan and this amount will be added to their bursar's account. Dependents of J-1 students (J-2s), must also be enrolled in this program. For further details please contact the Student Health Insurance Manager at 919-684-9355. Students should also visit the Duke Student Health website at https://studentaffairs.duke.edu/studenthealth.

DUKE UNIVERSITY EMPLOYEES

J-1 Exchange Visitors who will receive monthly paychecks qualify for Duke Employee Medical Insurance. If you are not sure whether or not you qualify, contact your sponsoring department immediately for verification. If you are eligible, you will attend a Benefits Orientation a few weeks after you start to work at Duke. Your J-2 dependents must also be enrolled. Options available to Duke Employees can be found at: http://www.hr.duke.edu//benefits/medical/index.php.

The Duke Employee Medical Insurance DOES NOT cover medical Evacuation and Repatriation of Remains which is required for all J-visa holders. J1 Exchange Visitors who qualify as employees are required to have medical evacuation and repatriation coverage so you must purchase it from International SOS. For further information, please go to: https://www.internationalsos.com/.

NON-DUKE SPONSORED J VISITING SCHOLARS

If Duke did not issue your DS2019, please provide the following information:

Name of Sponsor: ___________________________________________________________

Name of the Insurance Company: ____________________________________________

Please note that if you willfully fail to carry health insurance for yourself and your dependents, your J-1 sponsor must terminate your program and report the termination to the Exchange Visitor Program at the United States Department of State. In order to verify you are aware of this policy, please sign the following statement:

I understand that I am required to have medical insurance based on one of the above options. I understand that Duke University is required to notify the Exchange Visitor Program if I willfully fail to maintain insurance coverage for myself and my J-2 family members. I understand that the notification to the Exchange Visitor Program will result in termination of my J sponsorship and will make me subject to deportation. I understand that any costs that arise due to my failure to maintain such insurance coverage are my responsibility and not that of either my J-1 sponsor or the Exchange Visitor Program. I UNDERSTAND THAT MY SIGNATURE ON THIS STATEMENT DOES NOT CONSTITUTE ENROLLMENT IN THE HTH WORLDWIDE INSURANCE PLAN, DUKE UNIVERSITY INSURANCE PLAN OR ANY OTHER INSURANCE PLAN.

Foreign National's Signature: ___________________________________ Date: _____/_____/______

Foreign National's Name (printed) __________________________________________

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