



SICKNESS AND ACCIDENT INSURANCE VERIFICATION EXCHANGE VISITOR STUDENT/SCHOLAR PROGRAM

Health and Accident Insurance is mandatory for all J-1 Exchange Visitors and any J-2 family members during their stay at the Florida Gulf Coast University. This is a requirement of the U.S. Department of State. This Sickness and Accident Insurance Verification form is used by the Exchange Visitor to provide proof that he or she is insured by the home government or by a company within the country of his or her legal residence. The named Exchange Visitor/Scholar upon his or her arrival to Florida Gulf Coast University must present proof of insurance coverage to the FGCU International Services Office. **The insurance policy must cover the entire time period for which the DS-2019 Form is valid.**

1. **To Be Completed By The Exchange Visitor:**

Exchange Visitor's Name: _____

Name of Insurance Provider: _____

I authorize my insurance provider to release the following information to Florida Gulf Coast University.

Exchange Visitor's Signature: _____ Date: _____

2. **To Be Completed By Insurance Provider:**

Please verify that the insurance policy you have issued to the above named person meets or exceeds the following requirements:

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| 1. Medical benefits of at least \$50,000 per accident or illness; | (A) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above; or |
| 2. Repatriation of remains in the amount of \$7,500; | (B) Backed by the full faith and credit of the government of the exchange visitor's home country; or |
| 3. Expenses associated with the medical evacuation of the Exchange Visitor to his/her home country in the amount of \$10,000; | (C) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or |
| 4. A deductible not to exceed \$500 per accident or illness (may require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards; also may include provision for co-insurance under the terms of which the exchange visitor maybe required to pay up to 25% of the covered benefits per accident or illness); | D) Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services. |
| 5. Shall not unreasonably exclude coverage for perils inherent to the activities of the Exchange Program in which the Exchange Visitor participates; | |
| 6. Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be: | |
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Please also indicate if family members (dependent children and spouse) are covered: YES / NO

On behalf of the above named insurance company, I hereby certify that the insurance indicated covers all of the above requirements. In addition, I certify that the insurance coverage is for the time period listed below, and I have indicated above whether the coverage includes family members or not.

Name Insurance Company Official (print): _____

Dates of Effective Coverage: _____

Authorized Signature of Insurance Company Official: _____ Date: _____

Address: _____

State: _____ Country: _____

Phone: _____ Fax: _____

(If Available) U.S. Phone _____

U.S. Address: _____

Please mail or fax this form to your client or directly to the following:

International Services Office
Florida Gulf Coast University
International Services Office
10501 FGCU BLVD South
Fort Myers, FL 33965-6565

For Information: E-MAIL:
InternationalServices@fgcu.edu
Tel: 239-590-7925
Fax: 239-590-7977