

J-1 Scholar and International IMBA Student International Health Insurance Requirement

All J-1 scholars and international IMBA students (and their visa dependents) are required to have sickness and accident insurance and medical evacuation and repatriation insurance in effect for the duration of their program at UNCW. The insurance plan must meet the following minimum requirements: medical benefits of at least \$100,000 per accident or illness, repatriation of remains in the amount of \$25,000, expenses associated with the medical evacuation of the visitor to his or her home country in the amount of \$50,000, a deductible not to exceed \$500 per accident or illness.

J-1 scholars and international IMBA students have two options to meet this requirement:

1. purchase insurance coverage on their own that meets the minimum requirements, or
2. purchase the UNCW GeoBlue plan
 - a. UNCW GeoBlue plan terms: https://ogse.geobluestudents.com/documents/stud/certificates/2017/blue/4ELI/plan_627.pdf
 - b. Link to purchase UNCW GeoBlue plan: <https://ogse.geobluestudents.com/?ac=NZF-627>

Failure to comply with this requirement will result in a student or scholar's **SEVIS record being terminated.**



International Health Insurance Attestation

Name: _____

SEVIS Number: _____ Date of Birth: _____

- ❖ I will purchase the UNCW GeoBlue plan for the duration of my program at UNCW.
- ❖ I will not purchase the UNCW GeoBlue plan, and instead I affirm that I am covered by another health insurance plan whose policy
 - ❖ will provide medical benefits of at least \$100,000 per accident or illness;
 - ❖ will provide repatriation of remains in the amount of \$25,000;
 - ❖ will cover expenses associated with the medical evacuation of the policy holder to his or her home country in the amount of \$50,000;
 - ❖ has a deductible not to exceed \$500 per accident or illness;
 - ❖ will not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which I participate;
 - ❖ is 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, a Weiss Research, Inc. rating of B+ or above, or other such rating as the Department of State may from time to time specify; or backed by the full faith and credit of the government of the exchange visitor's home country; or 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.

I acknowledge that any accompanying dependents of mine are required to be covered by insurance in the amounts and under the terms set forth above.

Signature: _____ **Date:** _____