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Cultural Vistas Insurance Certification

In accordance with the U.S. Department of State's Bureau of Educational and Cultural Affairs' (ECA) regulations for exchange visitors, Cultural Vistas requires that all participants have health and accident insurance in effect for the duration of their stay in the United States. This insurance coverage must include:

- (1) Medical benefits of at least \$100,000 per accident or illness;
- (2) Deductibles not to exceed \$500 per accident or illness.
- (3) Repatriation of remains in the amount of \$25,000; (can be provided by CV)
- (4) Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000 (can be provided by CV)

Insurance policies secured to fulfill the requirements of this section:

- (1) May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
- (2) May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
- (3) Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

The insurance policy must also be Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above. For full details please reference (22 CFR Part 62).

This section to be completed by the insuring company, broker or school official responsible for enrollments.

DO NOT EDIT THIS FORM

Name(s) of ALL Insured:

Dates of Coverage:

Start:

End:

Continuous with active employment

Insuring Company:

Policy Number:

Is this an employer provided policy?

YES

NO

I hereby certify that:

- (1) the above person(s) is enrolled in an illness and accident insurance policy to cover the period above in the United States, **and**
- (2) the coverage meets ALL the requirements listed on page 1 as per 22 CFR Part 62 of the U.S. Code of Federal Regulations; **and**
- (3) includes coverage for COVID-19 **and**
- (4) **Choose:**

includes the medical evacuation and repatriation coverage OR

excludes the medical evacuation and repatriation coverage (which will be provided by Cultural Vistas).

Your signature certifies ALL the above are met by the stated policy. If not, do not sign.

Signature

Title:

Name:

Date:

This section to be completed by the participant.

I hereby certify that:

I have obtained insurance per above for the dates listed for myself and my dependents (if applicable) named above.

I understand that I and my dependents may be subject to the Patient Protection and Affordable Care Act (PPACA), details of which can be found at: <http://www.healthcare.gov/law/>.

I understand that if the policy referenced above is not compliant with the Patient Protection and Affordable Care Act (PPACA), I may be subject to penalty.

If my host school is deducting insurance fees from my wage through payroll deductions, I certify I have given consent for them to do so.

Cultural Vistas and its affiliates bear no liability for insurance coverage, or for any financial liabilities incurred due to lack of sufficient coverage.

Cultural Vistas will terminate visa sponsorship if coverage is not maintained for the duration of the insured's stay in the United States.

J-1 Name:

(J-2 should not sign. The J-1 is responsible for his or her dependents)

Signature

Date: