



HEALTH INSURANCE CERTIFICATION

Please fill out the following and submit to the WORLD office.

I certify that I am in compliance with the requirements of the J visa program of the U.S. government to have insurance which meets the following minimums, and complies with the other requirements set by the Department of State:

- At least \$50,000 per accident or illness
- \$7,500 for repatriation of remains
- \$10,000 for medical evacuation to the home country
- A deductible not to exceed \$500 per accident or illness

(Please note that these minimums will change in the near future.)

Health Insurance Provider: _____

Date insurance begins: _____ End date of insurance: _____

Repatriation and Medical Evacuation Provider: _____

Date insurance begins: _____ End date of insurance: _____

Do you have J-2 dependents in U.S.? Yes _____ No _____

If yes, I certify that my dependents are covered by the same or equal insurance.

J-1 Name: _____

Address: _____

Email: _____ Phone: _____

J-1 Signature: _____ Date: _____