

HEALTH INSURANCE PROVIDER CERTIFICATION FORM

The U.S. government requires all J-1 exchange visitors and their J-2 dependents to maintain minimum health insurance coverage for the duration of their academic programs in the U.S.

STEP 1. This form must be completed by the health insurance provider											
Health Insurance Information											
Health Insurance Company Name	Policy Plan/Type or Number										
Name of Primary Insured	Dates of Coverage (mm/dd/yyyy – mm/dd/yyyy) Start: _____ End: _____										
Name(s) of any spouse or child (attach additional sheet if necessary)											
1.	3.										
2.	4.										
Required minimum coverage for J-1 and J-2:											
	<table border="1"> <thead> <tr> <th>Kind of Coverage</th> <th>Specific Level of Coverage</th> </tr> </thead> <tbody> <tr> <td>Medical Benefit</td> <td>At least USD 100,000 per accident or illness</td> </tr> <tr> <td>Repatriation of Remains</td> <td>At least USD 25,000</td> </tr> <tr> <td>Medical Evacuation</td> <td>At least USD 50,000</td> </tr> <tr> <td>Deductible per accident or illness</td> <td>At most USD 500</td> </tr> </tbody> </table>	Kind of Coverage	Specific Level of Coverage	Medical Benefit	At least USD 100,000 per accident or illness	Repatriation of Remains	At least USD 25,000	Medical Evacuation	At least USD 50,000	Deductible per accident or illness	At most USD 500
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	<ul style="list-style-type: none"> May establish a reasonable waiting period before pre-existing conditions are covered – “reasonable” is defined by current insurance industry standards; May include co-insurance provisions, but must pay at least 75% of covered medical expenses; Does not unreasonably exclude coverage for perils inherent to the activities of the Hawai'i Pacific University J-1 Exchange Visitor Program in which the insured exchange visitor participates; and Is guaranteed through one of the following means: <ol style="list-style-type: none"> underwritten by a health insurance corporation rated <ul style="list-style-type: none"> “A-” or above by A.M. Best, “A-” or above by McGraw Hill Financial/Standard & Poor's Claims-paying Ability, “B+” or above by Weiss Research, Inc., “A-” or above by Fitch Ratings, Inc., “A3” or above by Moody's Investor Services backed by the full faith and credit of the J-1's home country's government OR is part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor OR offered through or underwritten by a federally qualified HMO or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services. 										
Certification											
The minimum coverage requirements stated above are provided in this policy/plan. I am qualified to make this certification as an authorized agent/employee of the above insurance provider.											
Signature of Representative of Health Insurance Plan	Date										
Printed Name of Representative of Health Insurance Plan	Title of Representative of Health Insurance Plan										
STEP 2. Student must submit this completed form along with a copy of their insurance policy in English including their name and dates of coverage to HPU's Office of International Students & Scholars											

Students who submit this completed form and a copy of their insurance policy in English including their name and dates of coverage are subject to a reversal of the \$100 Medical Insurance Verification fee placed on their account