



International Students & Scholars Office

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FORM C: HEALTH INSURANCE MEMORANDUM OF UNDERSTANDING

DIRECTIONS: Please sign and date this form so UCSD can issue a Form DS-2019 to you. A photocopy or faxed copy of this form is acceptable. Please return directly to the sponsoring UCSD department.

SCHOLAR CERTIFICATION

Name of Visitor: _____

UCSD Department: _____

- **I understand that the Department of State requires me and all of my J-2 dependent family members to have the following minimum health insurance coverage throughout my stay:**
 - ♦ Medical benefits of at least \$50,000 per accident or illness (The UCSD International Center recommends \$100,000)
 - ♦ Repatriation of remains in the amount of \$7,500
 - ♦ Medical evacuation expenses in the amount of \$10,000
 - ♦ Deductible not to exceed \$500 per accident or illness
- **I understand that I will need to pay for the insurance unless my sponsoring department at the University of California, San Diego has informed me in writing that they will provide the insurance.**
- I understand the cost of this insurance. If I choose a UCSD-endorsed insurance plan, the cost will be at least \$55-\$150 per month or \$250-\$450 per month to include my family. If I choose my own insurance policy, the insurance corporation underwriting the policy must have one of the following ratings:
 - ♦ A.M. Best rating of "A-" or above
 - ♦ Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above
 - ♦ Standard & Poor's Claims paying Ability rating of "A-" or above
 - ♦ Weiss Research, Inc. rating of B+ or above
- I understand that insurance coverage backed by the full faith and credit of the government of my home country will also meet the rating requirements.
- I understand that government regulations require the university to notify the Department of State and terminate my J-1 status if they determine that I or my family members willfully fail to comply with the health insurance requirements.

I have been informed about the health insurance requirements, the cost involved, and the need to maintain the insurance for myself and all family members throughout my stay at UCSD.

Signature: _____

Date: _____