



J Visa Insurance Requirements

On September 1, 1994, all agencies became subject to 22 CFR part 514.14, the insurance requirements under Exchange Visitor Program Regulations. These regulations apply to the use of the J visa and set forth standards to which both public and private entities must adhere to be “designated” as exchange sponsor organizations. USIA set forth minimum standards for insurance coverage required for all J visa holders because the rising cost of U.S. health care was increasing the likelihood that an exchange visitor could become a public charge if faced with a serious medical situation.

The required levels of coverage are \$50,000 per accident or illness, \$7,500 coverage for the repatriation of remains, and \$10,000 coverage for medical evacuation. A waiting period for pre-existing conditions, reasonable as determined by industry standards, and a deductible not in excess of \$500 per accident or illness will be permitted. Policies may not exclude from coverage dangers or perils inherent to the exchange activity. Accompanying dependents entering the United States on a J visa must also be covered.

The regulations allow for self-insurance by federal, state or local governments, state colleges and universities, and public community colleges. A non-governmental sponsor may elect to self-insure or to accept full financial responsibility for the above requirements, but could do so only with the Agency’s permission.

Sponsors are not themselves required to provide or pay for the required coverage of exchange visitors or on their accompanying spouse or minor dependents, although the sponsor may choose to do so. The obligation to obtain coverage rests with the exchange visitor. If exchange visitors willfully fail to secure insurance coverage for themselves and accompanying spouses/dependents, their programs must be terminated. The sponsor’s

obligation is limited to informing the exchange visitor of the insurance requirement and terminating the visitor's program if the visitor willfully fails to remain in compliance.

The use of the term "willful" is intended to lessen the perceived burden on sponsors and to allow them to sanction only those cases where there is intentional noncompliance with the regulations. In cases where visitors inadvertently or negligently fail to obtain the necessary coverage or allowed coverage to elapse, the sponsor can counsel and work with the exchange visitor to bring him or her into compliance.

Insurance coverage is required during the period of time that an exchange visitor is expected to actively participate in the sponsor's exchange visitor program, as indicated by the begin and end dates shown on the IAP-66 Form. The insurance regulation does not require "portal-to-portal" coverage, even though such coverage is highly desirable.