



Exchange Visitor Medical Insurance Disclosure

for new J-1 Exchange Visitor Medical Insurance Requirements

Name (please print): _____ BU ID #: U
(Family) (First) (Middle)

Primary Insurance Coverage

Boston University Insurance

I am a BU scholar and have enrolled in an insurance plan through the BU Human Resources Office.

BU employee policies DO NOT meet all of the J-1 minimums and I will need to purchase and maintain supplemental Medical Evacuation and Repatriation coverage for the duration of my J-1 program for myself and any J-2 dependents.

I am a BU student and have purchased the Student Medical Insurance Plan through AETNA.

The BU student policy meets the J-1 minimums, including Medical Evacuation and Repatriation. However, J-1 Students on post-completion Academic Training or who have elected to purchase alternate insurance must fill out the next section below.

Private Insurance Plan (non-BU)

I am enrolled in a qualifying insurance plan from the following private insurance company:

Insurance Company Name: _____

Insurance Policy Number: _____

Medical Evacuation and Repatriation Coverage

My principal insurance (listed above) includes Medical Evacuation and Repatriation coverage to meet the new J-1 requirements.

Yes

No, but I have purchased a supplemental policy to cover Medical Evacuation and Repatriation for myself and my J-2 dependents.

Name of Company: _____

Policy Number: _____

Dependents - The following family members are covered by my insurance policy or have obtained a separate insurance plan that meets the J minimum requirements. *(list additional dependents on back)*

Last Name	First Name	Date of Birth	
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child

Acknowledgement of Responsibility

As a J-1 Exchange Visitor, I understand that I am required to obtain medical insurance meeting current requirements established by the U.S. Department of State and must maintain sufficient coverage for myself and any J-2 dependents for as long as we remain in the U.S. in J classification. A supplemental insurance plan may be required if my principal plan does not cover all requirements. By signing below I certify that the information above is true and accurate.

Signature

Date

Please return this form to the International Students and Scholars Office as soon as possible.

International Students & Scholars Office

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