

DIVISION OF GRADUATE EDUCATION AND POSTDOCTORAL AFFAIRS

HEALTH INSURANCE MEMORANDUM OF UNDERSTANDING

To be completed by the Visiting Graduate Student applicant. Submit the completed form to the sponsoring department or upload directly to VGS application. Any forms submitted to GEPA will not be forwarded to the department.

SECTION 1: APPLICANT INFORMATION

Please enter your name as it appears on your passport biographical page.

Family/Last Name:

Given/First Name & Middle Name:

SECTION 2: HEALTH INSURANCE INFORMATION

Please read and fully understand the following information.

1. I understand that the U.S. Department of State and UC San Diego require me and all of my J-2 dependent family members (if any) to have the following federally required minimum health insurance coverage throughout my stay:
 - a) Medical benefits of at least \$100,000 per accident or illness (any coinsurance required payment cannot exceed 25%)
 - b) Repatriation of remains in the amount of \$25,000
 - c) Medical evacuation expenses in the amount of \$50,000
 - d) Deductible not to exceed \$500 per accident or illness
 - e) Preexisting conditions must be covered, with an allowable waiting period not to exceed 12 months
 - f) If I purchase a non-UC San Diego sponsored insurance, the insurance corporation underwriting the policy must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government

2. I understand that if I become a Resident Alien for Tax Purposes, I will need to be enrolled in an "Affordable Care Act" (ACA)-compliant insurance plan. The Garnett-Powers' plan options for Visiting Scholars and alternative insurance plans are designed solely for J Exchange Visitors are not ACA- compliant. Generally, a J Exchange Visitor would need to be in the U.S. for more than one full year before they might become a Resident Alien for Tax Purposes. For more information, please see our website page on J-1 Health Insurance.

SECTION 3: VISITOR CERTIFICATION

Please complete and sign this form in agreement of all information provided.

I have been informed about the health insurance requirements (Section 2) and the need to maintain the insurance for myself throughout my stay at UC San Diego. **To meet the health insurance coverage requirements, I will:**

Enroll in a UC San Diego sponsored plan provided to me as an employee of UC San Diego. I will also purchase a supplemental medical evacuation and repatriation of remains (MER) policy that meets the requirements indicated above (see Section 2b and 2c) for myself and each dependent. I understand that I will need to send proof of this coverage to the host department. You will receive details later.

Enroll in one of the Garnett-Powers & Associates Plans. See <http://clients.garnett-powers.com/vs/ucsd>

Enroll in or continue using an alternate plan that meets the coverage requirements indicated in Section 2. **I will submit proof of this to Garnett-Powers & Associates by submitting the Waiver Form:** <http://clients.garnett-powers.com/vs/ucsd/waiver/>.

By signing below, I hereby certify that I will act upon the choice I made above within 1 week of my arrival in the U.S./ to UC San Diego. I understand that failure to comply with these requirements can result in termination of my Visiting Graduate Student appointment.

Signature: _____

Date: _____