

FORM C: HEALTH INSURANCE MEMORANDUM OF UNDERSTANDING BY CURRENT SCHOLAR

To be completed by the continuing UC San Diego J-1 scholar, requesting an extension of stay. Submit the completed form to the sponsoring department. Any forms submitted to IFSO will not be forwarded to the department.

SECTION 1: SCHOLAR 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 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: SCHOLAR 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 and all J-2 family members throughout my stay at UC San Diego. **I understand that government regulations require the university to terminate my J-1 status if it is determined that I or my family members willfully fail to comply with health insurance requirements. To meet the J-1 health insurance coverage requirements, I will:**

- Enroll in the Postdoc Plan provided to me as a postdoctoral employee/fellow of UC San Diego with Garnett-Powers & Associates.
- 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 IFSOinsurance@ucsd.edu.** 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. I understand that failure to comply with these requirements can result in termination of my J-1 Exchange Visitor program.

Signature: _____

Date: _____