

Duke Visa Services

Duke Box 90790, Duke University, Durham, NC 27708 OR Bay 7 – 1st Floor, Smith Warehouse, 114 S. Buchanan Blvd. Durham, NC 27708
Telephone: 919-681-8472 ♦ Facsimile: 919-681-8492 ♦ E-mail: visahelp@mc.duke.edu ♦ <https://visaservices.duke.edu>

Exchange Visitor Program Mandated Medical Insurance Requirements

For all J-1 and J-2 Visa Holders

(Revised & Reviewed 18 APR 2019)

The Exchange Visitor Program requires all J-1 Exchange Visitor Participants and their family members to maintain medical insurance per **22 C.F.R. § 62.14** of the J regulations. While the Exchange Visitor Program has provided minimum insurance guidelines, it has been determined by Duke University Administration that the minimum standards do not reflect the relatively high cost of medical services in North Carolina.

Please check (✓) the option that reflects your current J-1 status at Duke University and Health Systems:

VISITING SCHOLARS, RESEARCHERS AND STUDENTS

International Duke-Sponsored Scholars Not enrolled in a Duke academic program and not receiving compensation.

Duke University Policy requires enrollment in Duke's **J-1 Scholar designated insurance plan**. If you have a policy you wish to use instead of Duke's J-1 designated insurance, you must provide information about this plan through the insurance waiver webpage. If the webpage provides a tentative waiver approval, submit a copy of the waiver approval and a summary of benefits from the insurance company to Duke Visa Services. **Do not submit the complete policy.** Detailed information on Duke's J-1 scholar insurance plan can be found at the following webpage: <https://visaservices.duke.edu/categories/j1/health-insurance>

DUKE UNIVERSITY STUDENTS

J-1 and F-1 students enrolled in a Duke University academic program that requires payment of the health fee, participation in the Duke Student Medical Insurance Plan (SMIP) is mandatory. Students will be automatically enrolled in the Duke SMIP plan and this amount will be added to their bursar's account. Dependents of J-1 students (J-2s), must also be enrolled in this program. For further details, please contact the Insurance Coordinator at 919-684-6434 or insurance@Studentaffairs.duke.edu. The Duke Student Health website: <https://studentaffairs.duke.edu/studenthealth/health-insurance>.

DUKE UNIVERSITY RESEARCHERS/PROFESSORS RECEIVING DUKE COMPENSATION

J-1 Exchange Visitors who will receive monthly paychecks qualify for Duke Employee Medical Insurance. If you are not sure whether or not you qualify, *contact your sponsoring department immediately for verification.* If you are eligible, you will attend a Benefits Orientation a few weeks after you start to work at Duke. Your J-2 dependents must also be enrolled. Options available to Duke Employees can be found at: <https://hr.duke.edu/benefits>.

****The Duke Employee Medical Insurance DOES NOT cover *Medical Evacuation and Repatriation of Remains*, which is, required for all J visa holders. J Exchange Visitors, who qualify as employees, must purchase medical Evacuation and Repatriation of Remains from **International SOS**. For further information, please go to: <https://www.internationalsos.com>. If the scholar decides not to purchase Duke Employee Medical Insurance, the scholar must follow the procedure for *VISITING SCHOLARS, RESEARCHERS AND STUDENTS*.**

NON-DUKE SPONSORED J VISITING SCHOLARS

If Duke did not issue your DS2019, please provide the following information:

Name of the J-1 Program Sponsor: _____

Name of the Insurance Company: _____

Please note that if you willfully fail to carry health insurance for yourself and your dependents, your J-1 sponsor must terminate your program and report the termination to the Exchange Visitor Program at the United States Department of State. In order to verify you are aware of this policy, please sign the following statement.

I understand that I am required to have medical insurance based on one of the above options. I understand that Duke University and Health System is required to notify the Exchange Visitor Program if I willfully fail to maintain insurance coverage for myself and my J-2 family members. I understand that the notification to the Exchange Visitor Program will result in termination of my J sponsorship and will make me subject to deportation. I understand that any costs that arise due to my failure to maintain such insurance coverage are my responsibility and not that of either my J-1 sponsor or the Exchange Visitor Program. I UNDERSTAND THAT MY SIGNATURE ON THIS STATEMENT DOES NOT CONSTITUTE ENROLLMENT IN THE DUKE UNIVERSITY INSURANCE PLAN OR ANY OTHER INSURANCE PLAN.

Foreign National Visitor's Signature: _____ **Date:** ____/____/_____

Foreign National Visitor's Name (printed) _____