



INTERNATIONAL PROGRAMS

COLORADO STATE UNIVERSITY

1024 Campus Delivery Fort Collins, CO 80523-1024 USA • (970) 491-5917 • international.colostate.edu

INSURANCE COMPLIANCE FORM

Name: _____

CSU ID Number: _____

DS-2019 Start Date: _____

DS-2019 End Date: _____

I am (or will be) a Colorado State University employee eligible for insurance benefits: Yes No

If "Yes," please select one of the following:

I am enrolled or will enroll in the Anthem Blue Cross Blue Shield POINT OF SERVICE plan which does not provide medical evacuation and repatriation coverage. I have purchased a separate health insurance policy for medical evacuation and repatriation (policy information provided below).

I am enrolled or will enroll in the Anthem Blue Cross Blue Shield GREEN plan, GOLD plan, or RAM Plan-HDHP. I understand this plan does not meet any of the J-1 minimum requirements and have purchased a separate health insurance policy that meets all the J-1 requirements (policy information provided below).

All J-1 Exchange Visitors, please complete the following:

Health Insurance Company Name: _____

Policy/Group Number: _____ Insurance Start Date: _____ End Date: _____

This policy covers (check all that apply): Me All my J-2 dependents

This policy covers (check all that apply):
Medical benefit of at least \$100,000 per person per accident or illness;
Deductible not to exceed \$500 per person per accident or illness;
Co-insurance of no more than 25% of the covered benefits per accident or illness;
Repatriation of remains in the amount of \$25,000;
Evacuation to home country coverage in the amount of \$50,000

- v I confirm that my **policy** health insurance coverage meets the regulatory requirements in 22 CFR §62.14.
- v I understand it is my responsibility to maintain continuous insurance coverage throughout my J-1 program.
- v I further understand that my failure to maintain adequate health, repatriation, and evacuation insurance for myself and any J-2 dependents will result in the termination of my J-1 program.
- I have included proof of my insurance coverage along with this form.**

Signature: _____

Date: _____

If the policy/policies listed on this page do not meet all J-1 requirements for either you or your J-2 dependents, please copy this page as needed to provide information about other health insurance policies in which you or your family are enrolled.



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HEALTH INSURANCE OPTIONS

The following is a list of companies offering health insurance online:

Associate Insurance Plans International, Inc. www.AIPInternational.com
BETiNS www.BETiNS.com
CMI Insurance www.cmi-insurance.com
Colorado Health Benefit Exchange <http://www.connectforhealthco.com>
Compass Benefits Group www.compassstudenthealthinsurance.com
Cultural Insurance Services International (CISI) www.culturalinsurance.com
FrontierMEDEX www.frontiermedex.com
Gallagher Koster www.gallaherkoster.com
Health Benefit Concepts, Inc. www.hbcstudent.com
HTH Worldwide www.hthworldwide.com
Insubuy <https://www.insubuy.com/>
Insurance for Students, Inc. - IFS www.insuranceforstudents.com
International Medical Group (IMG) www.imglobal.com
International SOS <https://www.internationalsos.com>
International Student Insurance www.internationalstudentinsurance.com
ISO Insurance <https://www.isoa.org>
Seven Corners <https://www.sevencorners.com/>
Smith Private Insurance Exchange: www.smith-exchange.com/
The Harbour Group www.hginsurance.com
Tokio Marine HCC www.hccmis.com
Trawick International, Inc. www.studentinsure.com
VISIT www.visitinsurance.com
Wallach & Company www.wallach.com

Please note that ISSS does not review specific policies to determine appropriateness for your situation. ISSS does not endorse or recommend one insurance program over another. We recommend that you consult directly with your insurance company to select the best policy for you and/or your family.