



Department of Human Resources  
University of Massachusetts Medical School  
333 South Street (Shrewsbury Campus)  
Shrewsbury, MA 01545 USA  
508.856.5260 (office) 508.856.5922 (fax)

**Immigration Services**

**J-1 ATTESTATION FORM – PART 1**

**STATEMENT OF COMPLIANCE WITH J-1 HEALTH INSURANCE REQUIREMENTS**

J-1 Exchange Visitors and their J-2 dependents must be covered by sickness and accident insurance for the duration of their stay in the United States. Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program. These United States Department of State (DOS) regulations are published in the Code of Federal Regulations [22 CFR 62.14].

Minimum health insurance coverage must provide:

- 1) Medical benefits of at least \$50,000 per accident or illness;
- 2) In case of death, repatriation of remains in the amount of \$7,500;\*
- 3) In case of serious illness or injury, payment of expenses associated with the medical evacuation of the Exchange Visitor to his or her home country in the amount of \$10,000;\* and
- 4) A deductible not to exceed \$500 per accident or illness.

For those eligible, UMMS employee health plans meet most of the J-1 requirements.\* However, there is a 2-month minimum period for coverage from the date of hire to the date the coverage begins. Individuals in J-1 status are required to purchase adequate coverage for themselves and any J-2 dependents for this interim period. \*Please note that UMMS provides medical evacuation and repatriation benefits to all UMMS sponsored J-1 visa holders and their accompanying dependents effective on their date of hire. Therefore, plans that the exchange visitor purchases (whether or not they are eligible for UMMS subsidized benefits) must meet the requirements from items #1 and #4 from the above list. Health insurance coverage backed by the full faith and credit of the government of the Exchange Visitor's home country meets DOS requirements.

The regulations continue: "An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above . . . or who makes a material misrepresentation to the sponsor [University of Massachusetts Medical School] concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant." [22 CFR 62.14(h)]

**Information about non-UMMS Health Insurance Provider\*\* (attach copy of health insurance card / policy)**

\_\_\_\_\_  
Name of health insurance provider (s)

\_\_\_\_\_  
Telephone number of Health Insurance Provider

\_\_\_\_\_  
Dates of coverage

**J-1 Exchange Visitors must sign the following statement before or upon arrival at UMMS:**

I understand the insurance regulations as stipulated by the DOS and have discussed Benefits eligibility and minimum subjectivity to J-1 and Massachusetts state minimums with the UMMS Benefits Office and/or the administrator of my sponsoring department. I certify that I have the required insurance or will enroll in an insurance plan or combination of plans to meet the J-1 Exchange Visitor minimum specifications. I further certify that I will also enroll all dependents who currently accompany me or who follow to join me in J-2 visa status.

I also understand that if I willfully fail to purchase appropriate insurance coverage, the Institute is obligated to terminate me from its Exchange Visitor Program and will notify the DOS that I have been so terminated. Such action will result in my loss of legal immigration status.

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Department of Human Resources  
University of Massachusetts Medical School  
333 South Street (Shrewsbury Campus)  
Shrewsbury, MA 01545 USA  
508.856.5260 (office) 508.856.5922 (fax)

**Immigration Services**

**J-1 ATTESTATION FORM PART 2**

**STATEMENT OF UNDERSTANDING OF J-1 EXCHANGE VISITOR RESPONSIBILITIES**

The law (22CFR Part 62) says that in order to bring J-1 visitors to the University of Massachusetts Medical School, Immigration Services must report information on your J-1 program participation and your J-2 family members to the United States Immigration and Customs Enforcement (ICE) and the United States Department of State (DOS) through an electronic system called SEVIS (Student and Exchange Visitor Information System). You must do your part to make sure that Immigration Services always has the most accurate information about you (U.S. address, etc), your J-1 program (UMMS title, funding, etc.) and your current health insurance coverage.

It is important that you check with Immigration Services before traveling outside the United States so that we can confirm that your SEVIS record accurately reflects your current program in the U.S.

**I understand that I must report the following to the Immigration Services. Failure to report this information may result in termination of my J-1 status:**

- Change of UMMS department
- Change in funding (source and/or amount)
- Contact information (home and campus addresses and phone numbers) or change in this information within 10 days of the change
- Termination of UMMS appointment (voluntary or involuntary)

**I understand that other activities could result in termination of my J-1 status including:**

- Working at another organization without prior approval of my visa sponsor
- Failure to pursue the exchange visitor program activities for which I came to the United States
- Failure to submit change of address within ten days of the move
- Failure to maintain required level (either J-1 or Massachusetts Minimal Creditable Coverage) health insurance
- Violating J program rules and regulations

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT INFORMATION**

Please provide us with the following contact information. Print clearly

\_\_\_\_\_  
Name of contact

\_\_\_\_\_  
Relationship (ie. spouse, friend, parent, etc.)

\_\_\_\_\_  
Phone number of contact

\_\_\_\_\_  
E-mail address of contact (if available)