United States Citizenship and Immigration Services (USCIS) require all exchange students to maintain sickness/health insurance coverage, as a condition of their J-1 status throughout their stay in the United States.

Failure to complete and submit this Sickness/Health Insurance form along with the student application will result in automatic enrollment in the CCSU Aetna Student Health Insurance Plan, and a charge to your CCSU bill.

Name: ____________________________________________
CCSU ID #: _________________________________________
Email: ____________________________________________

Please read and respond by checking the boxes below:

[ ] Please enroll me in the CCSU Aetna Student Health Insurance Plan and charge the total cost to my CCSU bill. I have read and reviewed the insurance minimums summarized at the Aetna Student Health Insurance Plan web site: www.aetnastudenthealth.com

[ ] I wish to waive the Aetna Student Health Insurance, since I currently have sickness/health insurance coverage (from another source) that is equivalent to the Aetna Student Health Insurance. Attached is a letter from my insurance company on their letter head stating that the policy covers the minimum insurance required by the United States Department of State.

By my signature below, I certify that my health insurance policy will adequately cover me for the duration of my study here at Central Connecticut State University and I acknowledge that it meets the J-1 Visa regulatory requirement.

Student’s Signature: __________________________________ Date: __________

Please return all completed forms to CIE.

Attention: Erin Beecher,
Center for International Education, HB 123
Central Connecticut State University
1615 Stanley Street.
New Britain, CT 06050
Tel: 860.832.2040 // Fax: 860.832.2047 // Email: ebeecher@ccsu.edu
HEALTH INSURANCE COMPLIANCE STATEMENT
OF ACCEPTABLE COVERAGE

In accordance with 22 CFR 514.14, I _____________________________ hereby promise that I have obtained health care insurance meeting the following requirements for the period __________ to __________:

Exchange visitors are required, as a condition of their J-1 status in the United States, to carry health insurance for themselves and their accompanying family members. By government regulation, minimum coverage must provide: up to $100,000 per accident or illness; up to $25,000 for repatriation of remains; up to $50,000 for medical evacuation to the home country; and a deductible not to exceed $500 per accident or illness. Co-insurance may not exceed 25% payable by the Exchange Visitor. The company providing the insurance must have an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, or a Weiss Research Inc. rating of "B+" or above.

Furthermore, I agree to maintain this coverage for the duration of my program.

I understand that willful failure to maintain said coverage is grounds for termination of my program.

______________________________  ____________________________
Signature of Exchange Visitor       Date

PLEASE NOTE: THIS FORM IS NOT A CCSU INSURANCE WAIVER REQUEST, BUT IS REQUIRED AS PART OF THE US DEPARTMENT OF STATE PROCEDURES FOR J EXCHANGE VISITORS

Please submit to the Center for International Education, Barnard Hall - Room 123, upon your arrival in the U.S.