

ALLIANCE ABROAD

Insurance Acknowledgement: Program Extension & Renewal

Department of State regulations stipulate that Exchange Teachers and their J-2 dependents (if applicable) must have a specified level of medical coverage for the duration of their teacher exchange program.

Insurance coverage MUST include at all of the following:

- **Deductibles not to exceed \$500 per accident or illness;**
- **At minimum medical benefits of at least \$100,000 per accident or illness;**
- At minimum repatriation of remains in the amount of \$25,000;
- At minimum expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000.

Since most policies do not include repatriation and medical evacuation, these two items will be provided by AAG to the participant at no additional cost.

By signing below, you acknowledge that you and all of your J-2 dependents (if applicable) are currently enrolled in either your school or district's medical insurance policy or through DIANins Scholar Plan and that the coverage meets the requirements for benefits and deductibles as outlined above. Please note that any J-1 teacher who fails to maintain the required insurance coverage is at risk for having his/her program terminated.

****This form must be accompanied by a copy of your insurance card and the statement of benefits in order to be considered complete****

Participant Name: _____

Host School/School District Name: _____

List Names of all J-2 Dependents:

Insurance Provider Name: _____

Is Insurance Policy through your Host School? Yes or No: _____

Policy Number: _____ Effective Dates: _____

Participant Signature: _____ Date: _____