

**INTERN/TRAINEE INSURANCE VERIFICATION FORM**

This insurance coverage is for \_\_\_\_\_  
*Intern/Trainee's Name*

**As an applicant for a J-1 Visa, I am aware that U.S. Federal Regulations state that all interns, trainees and accompanying dependents who enter the United States under BACC auspices must be covered by health and accident insurance for the entire duration of my training/internship program. (See Insurance Information page for minimum requirements).**

**Section A**

Select one of the following:

- I am applying for full health and accident insurance coverage under the BACC's group policy (proceed to Section D). **RECOMMENDED**
- I am providing my own insurance. (answer Sections B-D).
- My host company will be providing insurance coverage. (Host company must fill out Host Company Insurance Verification Form which is included in their application materials) (Proceed to Section D).

**Sections B**

All insurance policies secured must meet or exceed U.S. State Department regulations and be underwritten by an insurance corporation that meets the minimum rating requirements established by U.S. State Department as stated on the BACC insurance information sheet.

Trainee/Intern is enrolled in the following insurance policy:

Insurance policy issued by: \_\_\_\_\_  
*Company Name*

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy number: \_\_\_\_\_

Effective date of Policy: \_\_\_\_\_ *(mm/dd/yy)*

The insurance coverage begins on the day of departure from my home country \_\_\_\_\_  
\_\_\_\_\_ and ends on the day of return to my home country \_\_\_\_\_.  
(mm/dd/yy) (mm/dd/yy)

Please attach a copy of the insurance policy.

**Section C**

Will your dependent(s) be covered under this policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the company be paying a portion of the policy premium? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much? \$ \_\_\_\_\_/month

Cost for dependent(s) \$ \_\_\_\_\_/month

**Section D**

I certify that I have read the insurance information provided by BACC and will comply with the requirements.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Trainee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_