

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: _____
