**FORM C: Health Insurance Memorandum of Understanding**

 **DIRECTIONS:** Please sign and date this form and attach to the J-1 Student Intern application.

Name of Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that the Department of State requires me and all of my J-2 dependent family members to have the following minimum health insurance coverage throughout my entire stay:**

* **Medical** benefits of at least $100,000 per **accident** or **illness**
* **Repatriation of remains** in the amount of $25,000
* **Medical evacuation** expenses in the amount of $50,000
* **Deductible** not to exceed $500 per accident or illness
* The certificate of insurance must include the full name, and the dates of coverage, as well as the amounts in U.S. dollars.

 **I understand that I will need to pay for insurance unless my sponsoring department at CSUN has informed me in writing that they will provide the insurance.**

 I understand the cost of this insurance. If I choose an insurance plan available at CSUN through Wells Fargo, the cost will be at least $65 per month per person, to include my family [prices subject to change]. If I choose my own insurance policy, the insurance corporation underwriting the policy must have one of the following ratings:

* A.M. Best rating of “A-” or above
* Insurance Solvency International, Ltd. (ISI) rating of “A-i” or above
* Standard & Poor’s Claims paying Ability rating of “A-” or above
* Weiss Research, Inc. rating of B+ or above

 I understand that insurance coverage backed by the full faith and credit of the government of my home country will also meet the rating requirements.

 I understand that government regulations require the university to notify the Department of State and terminate my J-1 status if they determine that I or my family members willfully fail to comply with the health insurance requirements.

**I have been informed about the health insurance requirements, the cost involved, and the need to maintain the insurance for myself and all family members throughout my being sponsored as a student intern at CSUN.**

 **Please choose ONE of the following:**

**The sponsoring department at CSUN is paying for my health insurance.**

**I will be covered by my home country health insurance plan during my stay in the U.S.**

**I will purchase/renew the health insurance plans available at Wells Fargo.**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that I have read the Student Intern Health Insurance Memorandum of Understanding.**

**Intern’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**