



University at Buffalo  
The State University of New York

Office of International Education  
Immigration Services

## MEDICAL INSURANCE ATTESTATION

Both the U.S. Department of State (DOS) and State University of New York (SUNY) require J-1 Exchange Visitors to have medical insurance coverage during their stay in the U.S. as J-1 Exchange Visitors. The DOS also requires J-2 dependents to have medical insurance that meets DOS regulatory requirements. (For additional information about this requirement, please visit [www.buffalo.edu/intlservices/health\\_sch.html](http://www.buffalo.edu/intlservices/health_sch.html))

Although J-1 Exchange Visitors may purchase health insurance in their home country, they should be aware that their home country policy can only substitute for the SUNY policy if the health insurance coverage is comparable. If not, the J-1 Exchange Visitor will have to purchase the SUNY policy. Similarly, any health insurance policy purchased for J-2 dependents must meet the DOS requirements or the J-2 will need to purchase the SUNY policy. Therefore, we do not recommend purchasing health insurance in your home country to cover you during your stay in the U.S.

Please indicate below how you expect to meet this medical insurance requirement:

\_\_\_\_\_ I will have health insurance coverage as a benefit of my University at Buffalo employment\*

*\* In this case, the intern must purchase health insurance from UB's Student Medical Insurance Office (Student Union 223, North Campus) in order to have coverage during the 42-day waiting period before the insurance takes effect. Note: UB Research Foundation employees must purchase SUNY's Medical Evacuation & Repatriation Insurance (MEDEX).*

\_\_\_\_\_ I will purchase health insurance from UB's Student Medical Insurance Office (Student Union 223, North Campus) when I arrive in Buffalo and maintain it for the duration of my stay as a J-1 Exchange Visitor.\*\*

*\*\* We will send you the health insurance enrollment form along with your DS-2019. You should submit this form to the Student Medical Insurance Office (Student Union 223, North Campus) upon your arrival in the U.S.*

\_\_\_\_\_ I have my own health insurance, but understand that it must be evaluated by UB's Student Medical Insurance Office. (If it is not in English, I will provide a translated copy.) If it does not provide the coverage required by SUNY, I will purchase the SUNY health insurance. (For detailed information about SUNY's International Health Insurance policy and coverage terms, please visit [www.subboard.com/smi/forms/international/UNYparticipants08-09.pdf](http://www.subboard.com/smi/forms/international/UNYparticipants08-09.pdf).)

\_\_\_\_\_ My J-2 dependents will purchase health insurance from the Student Medical Insurance Office (Student Union 223, North Campus) when they arrive in Buffalo.

By signing below, I hereby confirm my understanding, and accept my obligations, under the Exchange Visitor Program and State University of New York requirements for J-1 Exchange Visitors. I also acknowledge that willful noncompliance with the insurance provisions will result in the termination of my participation in the Exchange Visitor Program.

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Date

