

**Please read the following information regarding
your medical insurance as a Stanford University Postdoctoral Scholar**

Stanford University **requires** all postdoctoral fellows to have **medical insurance**. If a scholar decides that s/he does not wish to have group medical insurance offered by Postdoc Benefits Office, s/he must prove that s/he has "other" insurance (i.e., through spouse/life partner, individual policy) and a Waiver Form must be signed. **A (English language) statement of coverage is required for J-1 Visa holders and must be attached to the Waiver Form when submitted. An insurance card copy will be accepted for non-J1 Visa holders.**

Special Information for Postdocs on J-1 Visas

Department of State (DOS) regulations require all J-1 visa holders and their J-2 dependents to be covered by medical insurance at all times. The Bechtel I-Center is obligated, by federal law, to cancel the J-1 visa of any Exchange Visitor who willfully neglects to obtain medical insurance for themselves or their family members.

The following requirements have been established by the DOS for the type and amounts of coverage you must carry if you hold J-1 or J-2 status:

- Medical benefits of at least \$50,000 per accident or illness (Presumably it is intended to mean that an acceptable policy couldn't set a maximum lower than \$50,000 in benefits for each accident or illness)
- Repatriation of remains in the amount of \$7,500
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000
- A deductible not to exceed \$500 per accident or illness
- At least 75% of medical expenses must be covered by the insurance plan
- If a particular activity is a part of your Exchange Visitor program, your insurance must cover injuries resulting from your participation in that activity
- The policy may establish a waiting period before it covers pre-existing conditions (health problems you had before you bought insurance) as long as the waiting period is reasonable under current industry standards and does not exceed six months
- The policy must be backed by the full faith and credit of your home country government **or** the company providing the insurance must meet minimum rating requirements established by DOS (an A. M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above). The Anthem Blue Cross HMO and PPO plans offered by the Office of Postdoctoral Scholars meet all of the above requirements except Repatriation and Medical Evacuation. For additional information, visit Bechtel International Center or call (650) 723-1831

Bechtel International Center Web site:

http://icenter.stanford.edu/quick_reference/healthinsurance.html#

Annual Open enrollment is in November. Unless you experience a loss of health coverage (and can provide proof) you will not be able to enroll in Medical, Dental and Vision benefits until Annual Open Enrollment for an effective date of January 1.

Postdoc Benefits Office
Medical / Delta Dental / VSP Vision Insurance Waiver Form

_____ Yes, I wish to waive Medical coverage provided by Postdoc Benefits.

_____ Yes, I wish to waive Dental coverage provided by Postdoc Benefits.

_____ Yes, I wish to waive Vision coverage provided by Postdoc Benefits.

1. I am covered by:

_____ Self

_____ Parents

_____ Spouse/Domestic Partner

_____ Other: _____

2. Insurance Company: _____

3. Policy Number: _____

4. Expiration Date (if any): _____

It is your responsibility to provide a copy of your current medical policy in effect to the Postdoc Benefits Office for the duration of your postdoctoral appointment.

Please PRINT name (First, Last) Postdoc ID# E-mail address

Home Address: Street, City, Zip Work Phone #

Signature Date

By signing this form I also acknowledge that I have read the statement on the back of this form.

Beneficiary – Postdocs automatically receive a Life & Accidental Death Insurance policy worth \$20,000 (two separate policies). Please access your ClearBenefits Inc. profile to choose a Beneficiary for your Life Insurance & AD&D policies. The beneficiary is the person who, in the case of your death, would receive the insurance benefit. To access the site, go to <https://stanford.clearbenefits.com/>. At the logon screen, choose "Postdoctoral Scholar" your login and password is your Postdoc/Student ID number (do not use the zeros in front of the number – see your ID card with your picture for the ID number).

Please submit to: Postdoc Benefits Office
320 Panama St, Bambi Modular, Stanford, CA 94305-4160, Mail Code: 4160
Fax # (650) 723-7669