

# Compensation and Insurance Form

## J-1 Candidate Information:

Please provide the basic program information for the J-1 candidate.

1. Candidate's First/Given Name: \_\_\_\_\_  
Candidate's Last/Family Name: \_\_\_\_\_
2. Host Organization: \_\_\_\_\_
3. Program Dates: \_\_\_\_\_

## Compensation Information:

Please provide the compensation information for the J-1 candidate's program. The entered compensation information must be in **US dollars** and must be **for the entire duration** of the program. If a type of compensation is not provided, please leave as "0".

1. Source:  US Host Organization  Foreign Employer  Split  Other
  - i. If 'Split' or 'Other', please **provide organization names** and explain: \_\_\_\_\_

2. Monetary Compensation. Please enter all types of monetary compensation (in US dollars) paid to participant for the entire duration of the program:

- |  |                 |
|--|-----------------|
| i. Total Salary/Stipend Amount for Entire Program  | \$ _____        |
| a. Type: <input type="checkbox"/> Salary <input type="checkbox"/> Stipend <input type="checkbox"/> Other _____   |                 |
| b. Payment Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other |                 |
| If "Other," please explain: _____  |                 |
| ii. Per Diem Amount  | \$ _____        |
| iii. Housing Allowance Amount  | \$ _____        |
| iv. Travel and Transportation Allowance Amount   | \$ _____        |
| v. Other Monetary Compensation   | \$ _____        |
| <b>TOTAL MONETARY:</b>   | <b>\$ _____</b> |

Note: please enter this amount in the "Stipend" field on the DS-7002 form

3. Non-Monetary Compensation. Please enter US dollar values of all non-monetary types of compensation that apply, if any (e.g. payments to vendors, benefits, corporate housing):

- |   |                 |
|---|-----------------|
| i. Value of Housing Assistance provided by the U.S. Host Organizations<br>(e.g. corporate housing, extended stay suite, pre-arranged apartment) | \$ _____        |
| ii. Travel and Transportation Assistance  | \$ _____        |
| iii. Other Non-Monetary Compensation (ex. benefits, etc.)   | \$ _____        |
| <b>TOTAL NON-MONETARY:</b>  | <b>\$ _____</b> |

Note: please enter this amount in the "Non-Monetary Compensation" field on the DS-7002 form

4. **TOTAL Compensation (Monetary + Non-Monetary):** \$ \_\_\_\_\_

Note: the total compensation amount will be printed on the DS-2019 form

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## Housing Information:

1. Is the U.S. Host Organization providing housing for the J-1 Candidate?  Yes  No
  - i. If yes, please select type:  
 Type:  Corporate housing  Extended Stay Suite  Pre-arranged apartment  Other  
  
 If "Other," please explain: \_\_\_\_\_
  - ii. If no pre-arranged housing provided, will the U.S. Host Organization support J-1 Candidate in securing suitable and acceptable accommodations?  Yes  No  
 Please explain: \_\_\_\_\_

## Cost of Living Information for J-1 Program:

Please provide the estimated average living expenses associated with the J-1 training/internship program. Per U.S. Department of State regulations, SHRM, as the program sponsor, is required to confirm that J-1 program participants have sufficient financial resources to participate in the program.

1. Estimated Cost of Transportation (US Dollars) for the **entire duration of the program**: \$ \_\_\_\_\_
2. Estimated Cost of Food (US Dollars) for the **entire duration of the program**: \$ \_\_\_\_\_
3. Estimated Cost of Housing (US Dollars) for the **entire duration of the program**: \$ \_\_\_\_\_

## Fees, Expenses and Deductions:

Please provide information as to the deductions, expenses, and/or fees that the J-1 candidate must pay out-of-pocket and for which they will not be reimbursed.

If the J-1 candidate will not incur any deductions, expenses, and fees for a particular item, please select "Other" and enter "N/A" in the comment field.

1. To whom are deductions, expenses, and/or fees being paid:  
 U.S. Host Organization  Foreign Employer  
 SHRM  Other If "Other," please explain: \_\_\_\_\_
2. Visa-related deductions, expenses, and/or fees (US Dollars): \$ \_\_\_\_\_
3. Travel and transportation-related deductions, expenses, and/or fees (US Dollars): \$ \_\_\_\_\_
4. Total housing deductions, expenses, and/or fees (US Dollars): \$ \_\_\_\_\_
5. Total health care and insurance-related deductions, expenses, and/or fees (US Dollars): \$ \_\_\_\_\_
6. Total other deductions, expenses, and/or fees (US Dollars): \$ \_\_\_\_\_  
 If other deductions, expenses, and fees, please describe and itemize: \_\_\_\_\_

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## Program Insurance Information

U.S. Department of State regulations for J-1 programs require every exchange visitor and any accompanying J-2 spouse and dependents to be covered by a medical insurance policy covering illness or accidents throughout the entire duration of the J-1 training/internship program.

Per SHRM's J-1 Exchange Visitor Program requirements, the U.S. Host Organization is responsible for providing the insurance coverage or to verify and document that each exchange visitor and their dependents are covered by such insurance. The insurance coverage must meet or exceed the minimum requirements listed below:

- Medical benefits of at least \$100,000 per accident or illness
- Medical evacuation coverage in the amount of \$50,000
- Repatriation of remains coverage in the amount of \$25,000
- Deductibles not to exceed \$500 per accident or illness

### Insurance coverage:

- May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
- May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
- Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates

### Insurance policy, plan, or contract must also, at minimum, be:

- Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; or,
- Backed by the full faith and credit of the government of the exchange visitor's home country; or,
- Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or,
- Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

Additionally, all Exchange Visitors and any accompanying spouse and dependents may also be subject to the requirements of the Affordable Care Act in addition to the requirements outlined above.

### Please list the details of the insurance policy that will cover the candidate for the entire duration of the Exchange Visitor program.

1. Insured J-1 candidate name: \_\_\_\_\_

2. Does the J-1 candidate have any accompanying dependents?  Yes  No  
 If so, are they covered under the J-1 candidate's insurance?  Yes  No

Please list the names of all insured dependents: \_\_\_\_\_

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3. Insurance Coverage Start Date [MM/DD/YYYY]: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
4. Insurance Coverage End Date [MM/DD/YYYY]: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Insurance Underwriter/Provider/Policy Name: \_\_\_\_\_
6. Insurance Policy Number: \_\_\_\_\_
7. Does the insurance coverage meet all of the minimum requirements listed on page 3?  Yes  No
8. Source of insurance coverage:  U.S. Host Organization Plan  Foreign Employer Plan;  
 Trainee/Intern-Purchased Plan  Other  
 If Other, please elaborate: \_\_\_\_\_
9. Has the J-1 candidate been offered the opportunity to make his/her own arrangements for obtaining the necessary insurance coverage as required by 22 CFR 62.14(b)  Yes  No
10. Will any part of insurance coverage be paid for by the J-1 candidate via payroll deductions?  Yes  No

## Host Organization Attestation:

I affirm that the information listed above is accurate for the aforementioned J-1 candidate's proposed J-1 Exchange Visitor Program and that this information has been reviewed with the J-1 candidate. I understand that a copy of this form will be provided to the J-1 candidate if approved for J-1 sponsorship by SHRM.

Signature: \_\_\_\_\_

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

Host Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

## J-1 Candidate Attestation:

I understand that the insurance requirements listed above will apply to me and any accompanying spouse or dependents throughout the duration of my program and that the requirements of the Affordable Care Act may also be applicable.

I understand that I have the ability to secure my own insurance coverage for my program if I so wish and that this coverage must meet the legal requirements noted above. If coverage is being provided via my U.S. Host Organization or Foreign Employer, I understand that it may involve deductions from my compensation as noted above and that I must voluntarily opt-into this coverage.

By checking this box, I confirm that I have decided to opt into the insurance coverage listed above.

If I have decided not to opt into the insurance listed above, I understand that I must provide documentation of securing separate coverage for myself (and any accompanying spouse and/or dependents) to SHRM before the sponsorship process can be completed.

I affirm that I have reviewed the above information connected with my proposed J-1 Exchange Visitor Program. I understand that a copy of this document will be provided to me as part of my sponsorship package if sponsorship is approved by SHRM.

Candidate's Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_