Group Insurance

Registration Form

Insured Party Name: _____

Date of Birth (MM/DD/YYY): _____

Insurance Coverage Start Date: _____

Insurance Coverage End Date: _____

Number of months Payment: $41 x _____ months = _____

Group Sickness & Accident Insurance is available for J-1 visa holders and their dependents, who are sponsored by the American Immigration Council, except those who will reside in the states of: Idaho, Massachusetts, Minnesota, or Washington. Coverage is provided by the Insurance Company of the State of Pennsylvania, the underwriting Company and member company of Chartis,Inc. All claims must be processed through NAHGA Claims Services.

The American Immigration Council identifies eligibility for inclusion in the group based on its agreement to sponsor the J-1 or J-2 participant. The American Immigration Council collects and forwards the premium for each participant, but does not administer the insurance.

Participants should understand that coverage provided by this group policy is for limited Sickness & Accident insurance only. It is not general health insurance in that it covers neither pre-existing conditions nor preventive care. You are advised to review the policy coverage provided by the Insurance Company of the State of Pennsylvania to determine the nature and extent of the coverage and protection. The American immigration Council neither recommends nor endorses the policy, but merely makes the policy available for those exchange visitor participants interested in the purchasing the insurance. All questions regarding the coverage should be referred to NAHGA Claims Services.

Coverage cannot be provided for J-1 or J-2 visa holders who will reside in the states of: Idaho, Massachusetts, Minnesota, or Washington.

A completed registration form for each enrollee should be returned to the American Immigration Council along with payment for the full coverage period. Payment should be made to: **American Immigration Council**.