PROOF OF HEALTH INSURANCE SAMPLE GUIDE
FOR J-1 SCHOLARS

This form includes samples of health insurance enrollment that DCI SS is able to accept for the following medical insurance plans:

1. Visiting Scholar Benefit Plan (VSBP) through Garnett-Powers & Associates (GPA)
2. Waiver for the Visiting Scholar Benefit Plan (VSBP)
3. Postdoctoral Scholar Benefit Plan
4. Employee Medical Benefits

J-1 Exchange Visitors must provide proof of enrollment to DCI SS as part of the mandatory J-1 visa check-in.
1) Visiting Scholar Benefit Plan (VSBP) through Garnett-Powers & Associates (GPA)

(1 of the following 2 samples could be used as proof of VSBP enrollment)

Sample A: Garnett-Powers Invoice with $0 total due. You will receive this invoice after you have submitted payment to GPA.

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Freshbooks - Invoice 0013455

Garnett-Powers & Associates
949-593-2925
25900 Pala Suite 120
Mission Viejo, California 92691
United States

Billing To
John Doe
UCLA - 70938 - Doe, John

Date of Issue
02/25/2019

Invoice Number
0013455

Amount Due (USD)
$0.00

Due Date
03/06/2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Qty</th>
<th>Line Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19 BAS: 25-49 yrs old - IMG Basic</td>
<td>$63.00</td>
<td>2</td>
<td>$126.00</td>
</tr>
<tr>
<td>Visiting Scholar Monthly Premium for ages 25-49 yrs old - IMG Basic Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal

Tax

Total

Amount Paid

Amount Due (USD)

Terms
This invoice is due upon receipt.

This invoice/email may contain private, confidential or privileged information intended for the sole use of the designated and/or duly authorized recipient(s). If you are not the intended recipient or have received this communication in error, please notify the sender immediately by email, and delete all copies of this email, including all attachments, without reading them or saving them to your computer or any attached storage device. If you are the intended recipient, please secure the contents conforming to all applicable state and/or federal requirements related to the privacy and confidentiality of such information, including the HIPAA Privacy guidelines.
## Declaration of Medical Insurance

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Certificate Type</th>
<th>0000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Type</td>
<td>Student Health Advantage (SM)</td>
<td>Adventure Sports: No</td>
</tr>
<tr>
<td>Group Name</td>
<td>UCLA VISITING SCHOLARS PLAN</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>09-Mar-2019</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09-Jun-2019</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>300.00 USD</td>
<td></td>
</tr>
<tr>
<td>Minimum Limit</td>
<td>500,000.00 USD</td>
<td></td>
</tr>
</tbody>
</table>

These amendments shall at all times be subject to the full terms conditions, definitions and exclusions contained in the certificate.

<table>
<thead>
<tr>
<th>Insured Person(1)</th>
<th>Insured ID</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Administered By: INTERNATIONAL MEDICAL GROUP, INC. as agent for the Insurer

Insurer: Sirius International Insurance Corporation (publ)

In witness whereof this certificate has been signed, as authorized by the insurer, by

[Signature]

AUTHORIZED SIGNATURE

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**Fulfillment Documents Available for Download:**
Click on any of the documents below to open it in a new browser window.
- Cover Letter, Certificate Wordings & Universal URX Discount Card (if applicable)
- User Login
- Privacy Policy
- Participating Brochure
- Claim Filing Instructions and Claim Form
- ID Card

**Other Important Links:**
- Online Provider Network
- Pre-certification
- Forms Library

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**Your Producer Contact Information:**
GARNETT - POWERS & ASSOC. INSURANCE SERVICES, INC. - 467501
2500 ELLA, SUITE 120
MONTREAL, QC H3S 0A1
United States of America
Phone: 888-441-3719
Fax: 444-533-5210
tgarnett@powersnwapes.com
www.powersnwapes.com

**International Medical Group**
3600 North Meridian Street
Indianapolis, IN 46384-4715 United States of America
Telephone: 1 317 655 4500
Fax: 1 317 655 4505
Email: insurance@imglobal.com
Website: www.imglobal.com
2) Waiver for the Visiting Scholar Benefit Plan (VSBP)

(You will also need to provide the proof of insurance you used to waive the VSBP plan)

Sample: Waiver Confirmation Email from Garnett-Powers & Associates

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**UCLA Visiting Scholar Benefit Plan**

**Waiver Confirmation Email for [Redacted]**

This email is to confirm that we, Garnett-Powers & Associates, have received and reviewed your proof of insurance coverage to waive the UCLA Visiting Scholar Benefit Plan. Your waiver has been approved and processed.

You do not need to take any further action with Garnett Powers & Associates at this time. Please note that if you did not provide proof of coverage for your full appointment dates at the University, then you will be required to submit new proof of coverage each time your current plan expires for review or you will be out of compliance with insurance requirements.

We recommend you retain a copy of your insurance documents and this confirmation email for your records in case verification is needed by the university.

Please feel free to contact us at [UCLA-VSBP@garnett-powers.com](mailto:UCLA-VSBP@garnett-powers.com) should you have any questions regarding this email, or call our toll-free Customer Service line at (888) 441-3719.

Garnett-Powers & Associates

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3) Postdoctoral Scholar Benefit Plan (PSBP)

Sample: Benefit Overview Page (this can be accessed on your UCPath account)

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>Plan Selected</th>
<th>Coverage Category/ Base</th>
<th>Pay Period Pre Tax Deduction</th>
<th>Pay Period After Tax Deduction</th>
<th>Employer Pay Period Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>PSBP Health Net PPO</td>
<td>Self-Only</td>
<td>$20.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>PSBP Principal Dental PPO</td>
<td>Self-Only</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>PSBP Health Net Vision</td>
<td>Self-Only</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability, Life and Accident Insurance</th>
<th>Plan Selected</th>
<th>Coverage Category/ Base</th>
<th>Pay Period Pre Tax Deduction</th>
<th>Pay Period After Tax Deduction</th>
<th>Employer Pay Period Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life and AD and D</td>
<td>PD Life and AD/D</td>
<td>$50000</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Basic Disability</td>
<td>PSBP Standard STD ER</td>
<td>$1142.86</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Voluntary Long-Term Disability</td>
<td>Waive</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>
4) Employee Medical Benefits

Sample: Benefit Overview Page (this can be accessed on your UCPath account)

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>Plan Selected</th>
<th>Coverage Category/Base</th>
<th>Pay Period Pre Tax Deduction</th>
<th>Pay Period After Tax Deduction</th>
<th>Employer Pay Period Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td>Self-Only</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability, Life and Accident Insurance</th>
<th>Plan Selected</th>
<th>Coverage Category/Base</th>
<th>Pay Period Pre Tax Deduction</th>
<th>Pay Period After Tax Deduction</th>
<th>Employer Pay Period Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>Prudential Core Life</td>
<td>$5000</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Dependent Life</td>
<td>Waive</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Exp Dependent Life - Spouse/DP</td>
<td>Waive</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Exp Dependent Life - Child</td>
<td>Waive</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee &amp; Dependent AD &amp; D</td>
<td>Waive</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Basic Disability</td>
<td>Basic Disability</td>
<td>$1454.55</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Voluntary Short Term Disability</td>
<td>Waive</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Voluntary Long Term Disability</td>
<td>Waive</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Attach proof of enrollment in Medical Evacuation and Repatriation of Remains Insurance along with Benefits Overview Page*

*Medical benefits provided to employees (except for Postdocs) does not include Medical Evacuation and Repatriation of Remains Insurance (coverage that is required for your J-1 visa). You will need to enroll in a supplemental plan to cover these 2 items and provide proof of enrollment as well. DCIIS can accept an email confirmation of enrollment from the insurance agency you have enrolled with. Medical evacuation and repatriation of remains coverage may be purchased separately through BETINS.