

# RETRIEVING YOUR INSURANCE INFORMATION AND I-901 SEVIS RECEIPT PAYMENT

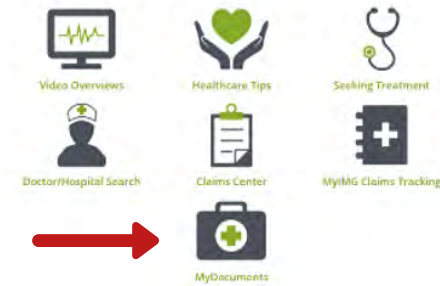


Please follow the steps below to retrieve your insurance card and a summary of the benefits and exclusions of your policy.

**Disclaimer: if your insurance provided by your in-country agent, please disregard the information below, but obtain all details from your home agent.**

1) Visit [www.envisageglobalinsurance.com/student-zone/janus](http://www.envisageglobalinsurance.com/student-zone/janus) to retrieve your insurance information

2) Click on "My Documents"



3) Search by either your name or your email

4) Under the documents section click, download, and print to bring with you to the U.S. your Insurance ID Card, Visa Support Letter, and Insurance Brochure

5) Please also find and access more information on Insurance Digital ID card on "My Documents" page [www.envisageglobalinsurance.com/student-zone/janus/documents.php#digital-id-modal](http://www.envisageglobalinsurance.com/student-zone/janus/documents.php#digital-id-modal). Insurance Digital ID card allows you to carry a copy of your insurance ID card with you at all times in your mobile phone

## Please follow the steps below to retrieve your I-901 SEVIS Fee Receipt

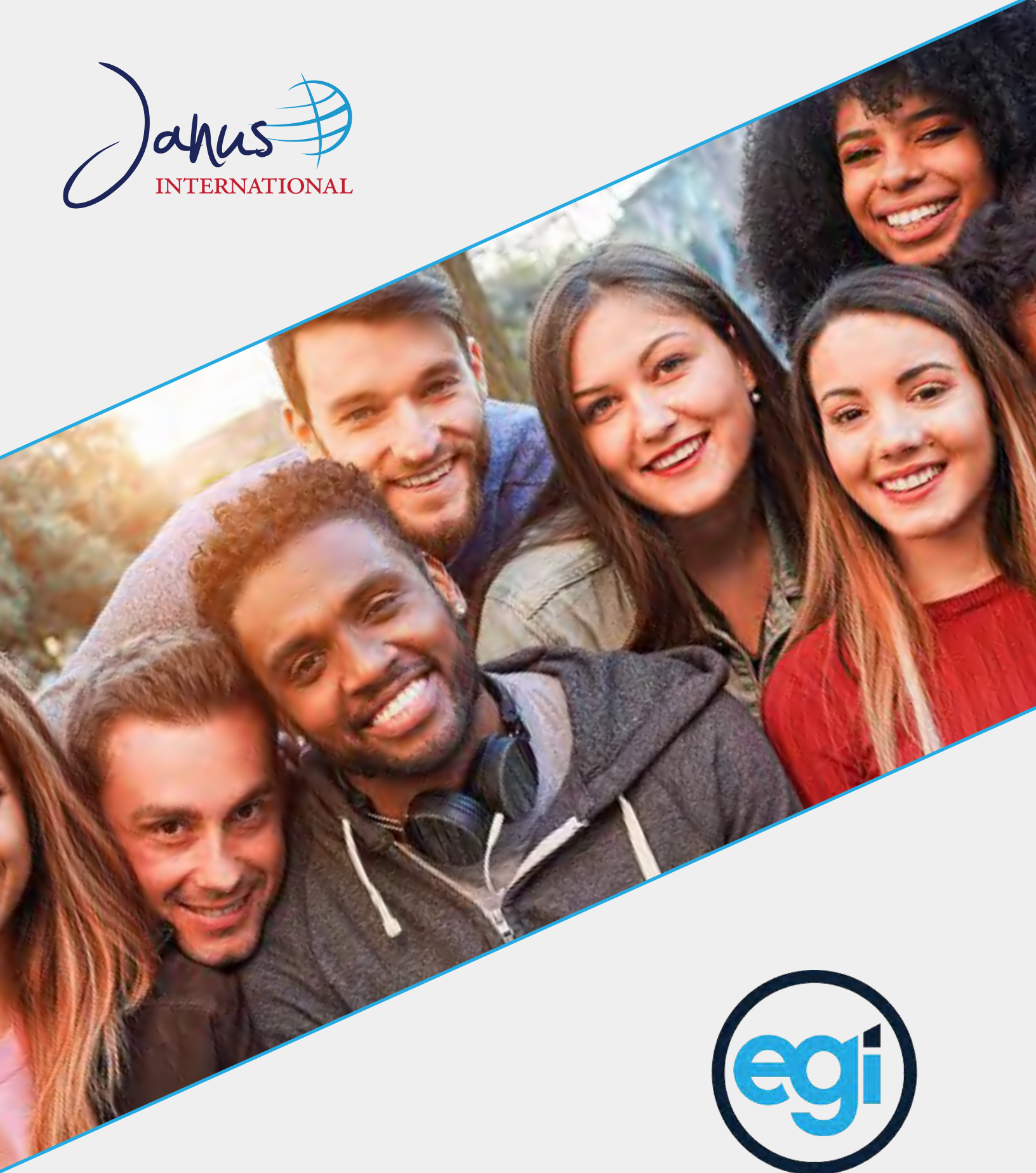
You must check and Print Your **I-901 SEVIS Receipt** for the U.S. Embassy visit at [www.fmjfee.com/i901fee/index.html#](http://www.fmjfee.com/i901fee/index.html#). You must present proof of your I-901 SEVIS Fee payment at your visa interview.

To check the status of an existing I-901 Fee or to print your I-901 Payment Confirmation, please enter the information requested and click the 'Check I-901 Status/Print Payment Confirmation' button. Your SEVIS ID is located on top right corner of DS-2019 form.

A screenshot of the "CHECK I-901 STATUS" form. The form has a title "CHECK I-901 STATUS" and a subtitle "Enter the following information exactly as it appears on your Form I-20 or DS-2019." Below this, there are three input fields: "SEVIS ID" with a red asterisk and a value "N00000000000", "Last Name" with a red asterisk and a value "Surname or Primary Name", and "Date of Birth" with a red asterisk and a value "MM / DD / YYYY". At the bottom of the form is a green button labeled "CHECK STATUS / VIEW PAYMENT CONFIRMATION".

Please make sure to visit the Janus International student resources page on our website to get things you might need regarding: Applying for Social Security Number, Tips for Finding Second Job, U.S. CBP I-94 Form Record Retrieval, Janus International Provided Insurance Information, and Work & Travel Program Arrival Quick Summary Sheet. <https://www.janus-international.com/links-forms-and-documents>





Janus International

2023-2024 Brochure  
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# Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing, as this will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.



## Teladoc

Your plan includes free access to Teladoc, virtual telemedicine. If you have a minor or non-urgent medical need, you can use Teladoc to see a doctor or get a prescription from anywhere, at any time using your phone or computer. Please [visit our website](#) for more details.



## Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



## Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.

**PLEASE NOTE** – an additional **\$200 Deductible** will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission. Injuries are not subject to the deductible.



## ID Card

It is extremely important that you carry your insurance ID card with you at all times and make sure to show it when you seek treatment. Your ID card will be emailed to you before you travel and should be kept with you at all times.



## Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network, especially in the USA. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

- Inside the USA, [you can search for a network provider online](#).
- Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.

## Need Help?

You can either visit your Student Zone or call the 24-Hour assistance line:

### Student Zone

The Student Zone is your one-stop resource for information, advice and assistance with your insurance plan.

[Student Zone](#)

### 24-Hour Assistance

IMG are available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact IMG at:

Toll-free: (855) 731-9445  
Direct Dial: + 1 (317) 927-6806  
[CustomerCare@IMGlobal.com](mailto:CustomerCare@IMGlobal.com)





# Benefit Summary

Benefit	Limit
Period of Coverage	365 days
Maximum Limit	\$200,000
Per Illness or Injury Limit	\$200,000 The per Illness or Injury limits accumulate towards the Maximum Limit.
Chronic Conditions Treatment Period Maximum	60 days
Area of coverage	Worldwide excluding Country of Residence
<b>Deductible for Eligible Medical Expenses</b>	
Deductible (per Illness or Injury)	\$100 per Insured Person
<b>Coinsurance for Eligible Medical Expenses</b>	
Coinsurance (in addition to deductible)	Plan pays 100% Insured pays 0%
<b>Pre-Certification</b>	
Pre-certification	<ul style="list-style-type: none"> <li>• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.</li> <li>• Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li> <li>• All other Treatments &amp; supplies: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: \$1,000</li> <li>• Deductible is taken after reduction.</li> <li>• Coinsurance is applied to remainder of the reduced amount.</li> <li>• Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.</li> </ul>
<b>Inpatient or Outpatient Services</b>	
Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Eligible Medical Expenses	100%
Physician/ Specialist Visit <ul style="list-style-type: none"> <li>• Maximum Visits per Day: 1</li> <li>• Unless visit is for a different medical/surgical specialty</li> </ul>	100%
Urgent Care <ul style="list-style-type: none"> <li>• Not subject to Deductible</li> <li>• Copayment: \$50</li> </ul>	100%

<p>Teladoc Consultation</p> <ul style="list-style-type: none"> <li>• Only available for travel within the United States</li> <li>• Not subject to Deductible or Coinsurance</li> <li>• Mental or Nervous Disorders are not covered</li> <li>• Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the Illness or Injury is directly or indirectly related to any Pre-existing Condition or is otherwise excluded under this Certificate of Insurance</li> </ul>	100%
<p>Hospital Emergency Room</p> <ul style="list-style-type: none"> <li>• Injury: Not subject to Emergency Room Deductible</li> <li>• Illness: Subject to a \$200 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission.</li> </ul>	100%
<p>Hospitalization / Room &amp; Board</p> <ul style="list-style-type: none"> <li>• Average semi-private room rate</li> <li>• Includes nursing, miscellaneous and Ancillary Services</li> </ul>	100%
Intensive Care	100%
Outpatient Surgical / Hospital Facility	100%
Laboratory	100%
Radiology / X-Ray	100%
Pre-Admission Testing	100%
Surgery	100%
<p>Reconstructive Surgery</p> <ul style="list-style-type: none"> <li>• Surgery is incidental to or follows Surgery that was covered under the Plan</li> </ul>	100%
<p>Assistant Surgeon</p> <ul style="list-style-type: none"> <li>• 20% of the primary surgeon's eligible fee</li> </ul>	100%
Anesthesia	100%
Durable Medical Equipment	100%
<p>Chiropractic Care</p> <ul style="list-style-type: none"> <li>• Medical order or Treatment plan required</li> </ul>	100%
<p>Physical Therapy</p> <ul style="list-style-type: none"> <li>• Outpatient Maximum Visits per Day: 1</li> <li>• Medical order or Treatment plan required</li> </ul>	100%
<p>Extended Care Facility</p> <ul style="list-style-type: none"> <li>• Upon direct transfer from acute care Hospital</li> </ul>	100%
<p>Home Nursing Care</p> <ul style="list-style-type: none"> <li>• Provided by a Home Health Care Agency</li> <li>• Upon direct transfer from an acute care Hospital</li> </ul>	100%

### Prescription Drugs and Medications

Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit

Prescriptions	100%
<ul style="list-style-type: none"> <li>• Dispensing Day Maximum: 90</li> </ul>	

### Emergency Services

NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit

Emergency Local Ambulance	100%
<ul style="list-style-type: none"> <li>• Subject to Deductible</li> <li>• Injury</li> <li>• Illness resulting in a Hospitalization admission</li> </ul>	

Emergency Medical Evacuation	100%
<ul style="list-style-type: none"> <li>• Maximum Limit: \$100,000</li> <li>• Independent of plan Maximum Limit</li> <li>• Must be approved in advance and coordinated by the Company</li> </ul>	

Emergency Reunion	100%
<ul style="list-style-type: none"> <li>• Maximum Limit: \$2,500</li> <li>• Maximum Days: 15</li> <li>• Meal Maximum per day: \$25</li> <li>• Reasonable and necessary travel costs and accommodations</li> <li>• Must be approved in advance by the Company</li> </ul>	

Interfacility Ambulance Transfer	100%
<ul style="list-style-type: none"> <li>• Services rendered in the United States</li> <li>• Transfer must be a result of an Inpatient Hospitalization</li> </ul>	

Political Evacuation and Repatriation	100%
<ul style="list-style-type: none"> <li>• Maximum Limit: \$10,000</li> <li>• Must be approved in advance by the Company</li> </ul>	

Return of Mortal Remains	100%
<ul style="list-style-type: none"> <li>• Maximum Limit: \$50,000</li> <li>• Local Burial / Cremation at place of death</li> <li>• Maximum Limit: \$5,000</li> <li>• Return of Insured Person's Mortal Remains to Country of Residence</li> <li>• Must be approved in advance by the Company</li> </ul>	

### Other Services

Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit

Accidental Death & Dismemberment	Accidental Death Principal Sum: 100% of Principal Sum Accidental Dismemberment: Loss of;
<ul style="list-style-type: none"> <li>• Principal Sum Maximum: \$25,000</li> <li>• Death must occur within 90 days of the Accident</li> </ul>	<ul style="list-style-type: none"> <li>Sight of one eye - 50% principal sum</li> <li>One hand or one foot - 50% principal sum</li> <li>One hand and loss of sight of one eye - 100% principal sum</li> <li>One foot and loss of sight of one eye - 100% principal sum</li> <li>One hand and one foot - 100% principal sum</li> <li>Both hands or both feet - 100% principal sum</li> <li>Sight of both eyes - 100% principal sum</li> </ul>

Dental Treatment <ul style="list-style-type: none"> <li>• Period of Coverage Limit: \$200 (Treatment due to Unexpected pain to sound, natural teeth)</li> <li>• Period of Coverage Limit per Injury: Up to the Maximum Limit per Illness or Injury (Non-emergency Treatment at a Dental Provider due to an Accident)</li> </ul>	100%
Intercollegiate, Interscholastic, Intramural or Club Sports <ul style="list-style-type: none"> <li>• Contact Sports limit: \$5,000</li> <li>• Non-Contact Sports: Usual, Reasonable and Customary</li> </ul>	100%
Traumatic Dental Injury <ul style="list-style-type: none"> <li>• Subject to Deductible and Coinsurance</li> <li>• Up to the Maximum Limit</li> <li>• Treatment at a Hospital Facility due to an Accident</li> <li>• Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%</li> </ul>	100%
Incidental Trip <ul style="list-style-type: none"> <li>• Maximum days: 14</li> <li>• Country of Residence is outside the United States</li> <li>• Refer to the INCIDENTAL TRIP provision for further details</li> </ul>	100%
Terrorism <ul style="list-style-type: none"> <li>• Maximum Limit \$50,000</li> </ul>	100%
Trip Interruption <ul style="list-style-type: none"> <li>• Maximum Limit \$5,000</li> </ul>	100%

*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

# Claims

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## Inside the USA

If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the IMG claims team directly with no payment up front.

**PLEASE NOTE** - After seeking treatment, even if you are not required to pay up front, please complete a claim form and email these documents to the claims email for processing.

## Outside the USA

When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

## Prescription Medications

You will need to pay for any prescription medication up front and then submit the Rx information and receipt from the pharmacy with your claim to be reimbursed.

## Claim Forms

You can download a copy of the claim form from the [Student Zone](#) and submit it with your receipts to:  
Email - [CustomerCare@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.com) (recommended)

Fax: (+1) 317 655 4505

International Medical Group  
Claims Department  
P.O. Box 9162  
Farmington Hills, MI 48333-9162 USA

## Claims Update

Your claims tracking portal, MyIMG, is available in your [Student Zone](#) and allows you to view your claims activity and contact the claims team directly with any questions.

You can also email the claims team at [CustomerCare@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.com) for an update on any claims that have been submitted.

# Pre-Certification

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The following events need to be pre-certified by calling IMG directly:

- Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.
- Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.
- The following must always be Pre-certified for Medical Necessity by the Company through the Plan Administrator before admission or receiving the Treatments and/or supplies: (a) Chemotherapy (b) Extended Care Facility (c) Home Nursing Care (d) Inpatient Hospitalization (e) Interfacility Ambulance Transfer (f) Radiation Therapy (g) Surgery or Surgical procedure.
  - If these treatment and supplies are not pre-certified: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: \$1,000
  - Deductible is taken after reduction.
  - Coinsurance is applied to remainder of the reduced amount.

Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.



# Exclusions

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Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

1. **ECONOMIC SANCTIONS:** Notwithstanding any other Terms under this insurance, the Company shall not provide coverage or make any payments or provide any service or benefit to any Insured Person, beneficiary, or third party who may have any rights under this insurance to the extent that such coverage, payment, service, or benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or the United States of America.
2. **WAR; MILITARY ACTION:** The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Illness, Injury, death and dismemberment, or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or occurrences:
  - a. war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war
  - b. mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power
  - c. any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type
  - d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege
  - e. any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of Terrorism).  
Any claim, Charges, Illness, Injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, Illness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.
3. **TERRORISM:** The Company shall not be liable for and will not provide coverage or benefits in excess of the amount shown in the BENEFIT SUMMARY for any claim or Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism. Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
  - a. the Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism
  - b. any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect on or within six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country
  - c. any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
4. **PRE-EXISTING CONDITIONS:** Charges resulting directly or indirectly from or relating to any Pre-existing Condition, (whether physical or mental, regardless of the cause of the condition) are excluded from coverage under this insurance
5. **MATERNITY AND NEWBORN CARE:** Charges for pre-natal care, delivery, post-natal care, and care of Newborns, including complications of Pregnancy, miscarriage, complications of delivery and/or of Newborns are excluded from this insurance
6. **MENTAL AND NERVOUS DISORDERS: SUBSTANCE ABUSE:** Charges for Treatment of Mental or Nervous Disorders or Substance Abuse are excluded from this insurance
7. **PREVENTATIVE CARE:** Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance
8. Charges for any Treatment or supplies that are:
  - a. not incurred, obtained or received by an Insured Person during the Period of Coverage
  - b. not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred
  - c. not administered or ordered by a Physician
  - d. not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician
  - e. provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
  - f. in excess of Usual, Reasonable, and Customary
  - g. related to Hospice care

- h. incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions
  - i. provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
  - j. performed or provided by a Relative of the Insured Person
  - k. not expressly included in the ELIGIBLE MEDICAL EXPENSES provision
  - l. provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
  - m. required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply received prior to coverage under this insurance or that is excluded from coverage or which is otherwise not covered under this insurance
  - n. for Congenital Disorders and conditions arising out of or resulting therefrom
9. Charges incurred for failure to keep a scheduled appointment
  10. Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
  11. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes
  12. Charges incurred related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic predisposition, provide genetic counseling, or administration of gene therapy
  13. Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include but is not limited to psychometric, behavioral and educational testing
  14. Charges incurred for Custodial Care
  15. Charges incurred for Educational or Rehabilitative Care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include but is not limited to job or vocational training, counseling, occupational therapy and speech therapy
  16. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling
  17. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof)
  18. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and/or follows a Surgery which was covered under this insurance
  19. elective Surgery or Treatment of any kind
  20. Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy, or reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion
  21. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
  22. any Illness or Injury sustained while taking part in, practicing or training for: Amateur Athletics; Professional Athletics; or athletic activities that are sponsored by any Governing Body or Authority including but not limited to the National Collegiate Athletic Association, any other collegiate sanctioning or Governing Body or the International Olympic Committee
  23. any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; wildlife safaris; and windsurfing
  24. any Illness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering above elevation of 4500 meters from ground level; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving or sub aqua pursuits below a depth of 50 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying
  25. any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas
  26. any Illness or Injury sustained while taking part in backcountry skiing
  27. any Illness or Injury sustained while taking part in skiing off-piste
  28. any Illness or Injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities
  29. any Illness or Injury sustained while taking part in Collision Sports
  30. any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the sport or activity
  31. any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider

32. any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse
33. any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required
34. any willfully Self-inflicted Injury or Illness
35. any sexually transmitted or venereal disease
36. any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS
37. any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations
38. biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
39. orthoptics, visual therapy or visual eye training
40. any non-surgical Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable or unbalanced feet; metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses or toenails; except as otherwise expressly set forth
41. hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
42. any sleep disorder, including without limitation sleep apnea
43. any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
44. any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
45. any organ or tissue or other transplant or related services, Treatment or supplies
46. any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status
47. any efforts to keep a donor alive for a transplant procedure
48. any Illness or Injury incurred in the Destination Country, Affected Area or Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance **This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.**
49. Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason
50. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism
51. Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints
52. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
53. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
54. Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration (FDA) or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician
55. Charges and all costs related to or arising from or in connection with all trips to the Destination Country undertaken for the purpose of securing medical Treatment or supplies
56. Charges incurred for Dental Treatment, except as specifically provided for hereunder
57. Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies
58. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office
59. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
60. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
61. Charges incurred for massage therapy
62. Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:
  - a. bodily or mental infirmity, Illness or disease
  - b. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.

**PLEASE NOTE:** This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [Student Zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions.

# WORK AND TRAVEL PROGRAM CONTACT INFORMATION



## Contact Information for Janus International:

**Telephone Number (Mon-Fri 9AM-5PM):** 1-804-589-1924

**Fax Number:** 1-804-589-1949



**Toll Free Emergency Telephone Number:** 1-866-249-3888

**Students Resources Page:** <https://www.janus-international.com/resources>

**Email:** [student@janus-international.com](mailto:student@janus-international.com)

**Mailing Address:**

19519 Jefferson Davis Hwy  
Ruther Glen, VA, 22546

**SEVIS Registration:** [www.janus-international.com/sevis](http://www.janus-international.com/sevis)



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## Insurance Information:

(for participants who have their health insurance provided by Janus International)



**IMG International Medical Group**

**USA Toll Free:** 1-855-731-9445

**Student Zone:** <https://www.envisageglobalinsurance.com/student-zone/janus/>

**For Insurance Claim Forms:** [customercare@imgglobal.com](mailto:customercare@imgglobal.com)

**Mail to:** P.O. Box 9162 Farmington Hills, MI, 48333

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## The U.S. Department of State Exchange Visitor Program Office

**Phone:** 1-866-283-9090

**Email:** [jvisas@state.gov](mailto:jvisas@state.gov)



# QUICK ARRIVAL FACTS

Tips from your sponsor for making your arrival as smooth as possible



## Important Documents to Bring:

- \*Passport
- \*Original DS-2019 Form
- \* Job Offer



### \* Janus Support Documents

- Janus letter to Social Security Officer
- Insurance Brochure & Insurance ID card

\*At least \$1000 US dollars for initial expenses and ensure that you have access to additional funds via family members or other self-arranged sources as necessary

\*Printed arrival instructions (if provided by employer)

## Some Items We Recommend to Bring:

\*Money for your first weeks in the U.S.(\$1000) . Ensure that you also have access to additional funds via family members or other self-arranged sources as necessary



- \* Electrical adaptor/converter
- \* Basic medical kit (balm, band aid, peroxide, aspirin, etc.)
- \* Copies of passport/DS form/insurance card
- \* Phone with Wi-Fi capability

- \* Before you leave your country make sure to send your arrival information to employer and Janus International
- \*Pack light, and pack based on the work you will perform and weather conditions you will experience in the U.S.
- \*Check your flight information online and check in within 24 hours prior to departure

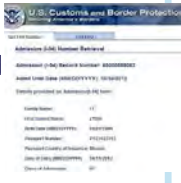
## First Steps After Landing in the U.S. :

- \*Call your job location/housing to let them know when you will be arriving to your location
- \*Activate your SEVIS within first 5 days, after arrival to employer & housing check in by filling all info at

[www.janus-international.com/sevis](http://www.janus-international.com/sevis)



- \*Print your I-94: <https://i94.cbp.dhs.gov/i94/> and hand a copy of I-94 form to employer and take one with you to Social Security Office
- \*Apply for Social Security Number 10 business days after you activate your SEVIS



## Monthly Monitoring:

You will receive an email from Janus International on the 15th of every month reminding you to complete your monitoring! You will need to login to your account at [app.janus-international.com](http://app.janus-international.com) and follow the instructions in the "Monthly Check-In" tab. This procedure is for your safety and well-being. We need to hear from you AT LEAST ONCE EVERY MONTH!



## Advice to Students:

- \*Have the right expectations, be ready for an adjustment period/culture shock first 3-4 weeks of the program
- \*It's not a vacation, but a real job that requires hard work and to live for 4 months without your parents
- \*Please honor your employment agreement terms and dates



- \*Do not leave or start any job without written confirmation approval from Janus International
- \*Do not leave or quit your primary vetted job without written approval from Janus International
- \*Most job locations are not in big cities, be prepared to work and live in small communities

\*Limit your smoking and do not throw cigarette butts on the ground, especially where you live and work. Smoke only in designated areas. Make sure you do not bother or disturb your roommates

\*The drinking age in the U.S. is 21. Underage drinking , any illegal drug use and supplying alcohol to those who are underage is illegal. Participants are responsible for obeying all federal, state, and local laws.

\* It is important that all J-1 Work and Travel participants follow all of the laws within the United States

\*Keep important documents in a safe place and put your money in a bank account (if available)

\*Respect the values and beliefs of your employer, coworkers and all American people you encounter

\*Keep an open mind and be a good ambassador for your country!

\*Buy and wear a bicycle helmet and use caution when riding a bike



\*Have the right expectations about the weather and wildlife in the U.S. region where you plan to spend your program

\* Make sure to read and understand Janus online orientation materials, which provide essential information about program





**Dear Social Security Officer,**

Janus International Hospitality Student Exchange (JIHSE) is providing this letter in order to verify the status of this individual, a participant on our Summer Work & Travel Program, administered under the guidelines of the U.S. Department of State's Exchange Visitor Program, P-4-10975. This program enables university students from different countries to gain a greater understanding and appreciation of the United States. Since the resources of most participants are not sufficient for this length of stay, the U.S. Government allows them to obtain employment, not to exceed the four-month period listed of the DS-2019 form in order to offset the costs.

This J-1 Summer Work & Travel participant has been admitted under Section 101 (A) (15) (J) of the Immigration and Nationality Act and is eligible to work in the United States according to the terms of this program. The J-1 Visa status of this exchange visitor is evidenced by the DS-2019 form, which specifies JIHSE as the legal sponsor, as well as the I-94 form that the visitor can obtain online. These forms should serve as confirmation of the participant's eligibility for employment under the Immigration Reform and Control Act of 1986 (IRCA) and of their lawful admission into the United States.

To work in the U.S., this individual will need to apply for a Social Security Card. The JIHSE sponsored student will present the following documents:

- **Valid passport, which shows age and confirms identity, also containing a J-1 Visa**
- **Form I-94, Arrival-Departure Record, issued by INS which confirms J-1 visa status**
- **US State Department Form DS-2019, Certificate of Eligibility for Exchange Visitor Status.**

**This form shows**

- **The Exchange Visitor's sponsoring organization**
- **A description of the exchange program in which he/she is participating**
- **The period during which the individual will be in the program**
- **Proof that the student is a Summer Work & Travel Participant,**

In addition to the items mentioned above, this letter also serves as our participant's sponsor letter, authorizing employment during the dates as stated on the DS-2019 form we have issued.

For reference, please refer to RM 00203.480, and section AM-98011 (Work & Travel Program) when issuing Social Security Numbers.

Should you have any questions about this procedure, please contact us at 1-866-249-3888.

Sincerely,

A handwritten signature in blue ink, appearing to read "Thomas Taylor".

Thomas Taylor  
Vice President of Operations and Responsible Officer  
Janus International Hospitality Student Exchange

19519 Jefferson Davis Highway, Ruther Glen, VA 22546

[www.janus-international.com](http://www.janus-international.com)

Toll-Free Telephone (866) 249-3888





**U.S. Department of State**  
**Bureau of Educational and Cultural Affairs**  
**Private Sector Exchange**



February 15, 2023

Dear Summer Work Travel Participant:

Welcome to the U.S. Department of State's BridgeUSA Exchange Visitor Program! This is the start of an exciting adventure. You will make friendships that will last a lifetime, get practice in speaking English, and partake in new traditions. Your participation in this exchange program fosters a greater understanding between our two countries and works towards peaceful relations throughout the world.

In order to ensure that you have a safe and exciting cultural exchange experience here, we encourage you to take a few precautions both before and after you arrive:

- Contact your host employer to obtain written confirmation of any job offer details. Make sure all terms and conditions are clear and that you understand them all. In addition, make sure you understand any housing agreements. If there is anything you do not understand, ask your U.S. sponsor or host employer before you come. Note that the terms and conditions of your job must follow all local, state, and federal U.S. laws.
- Notify your U.S. sponsor and host employer of your exact arrival time and make sure you fully understand the best way to travel to your housing or employment address. If your sponsor is not meeting you, plan the journey to your destination in advance. .
- Confirm that you have enough money to cover your expenses. Your U.S. sponsor should provide you with an estimate of the necessary amount. If they have not provided this information yet, ask them. Also consider bringing extra money in case of an emergency.
- Study all the pre-arrival materials provided by your U.S. sponsor. Make sure you understand your rights, both in this country and in your program, as well as your obligations, such as updating your address once you arrive. Contact your U.S. sponsor if you have additional questions.
- Learn about the area in which you will live and work in the United States before you arrive. Pay special attention to that area's safe and affordable housing, public transportation, medical facilities, banks, shopping, and so on. Your U.S. sponsor should advise you on these matters if you are unsure.
- Make sure you keep information about your program sponsor, local coordinator, and emergency resources close at hand at all times. This information should be included in your orientation materials.

Your U.S. sponsor is your first point of contact throughout your stay in the United States. Their information is identified on your Form DS-2019, Certificate of Eligibility for Exchange Visitor Program (J-1) Status. If you have any questions about your exchange program, need assistance of any kind while you are here, or if something just does not feel right, immediately contact your U.S. sponsor. It is their responsibility to help you with any problems, needs, or

concerns you may have. Their emergency telephone contact number can be found in your program orientation materials and is available to you 24 hours a day, 7 days a week.

If you have concerns and/or issues that your U.S. sponsor has not resolved, or you find you cannot reach your sponsor, please contact the Department of State through our J-1 Visa Emergency Helpline 1-866-283-9090, which is available 24 hours a day, 7 days a week, or by e-mail at [JVisas@state.gov](mailto:JVisas@state.gov). Your sponsor and the Department of State are here to ensure your success and safety on the program.

As exciting and enriching as international exchange can be, it may present challenges. The Department of State's concern for your health, safety, and welfare includes your mental health. There are many resources available to help deal with mental health issues. Please reach out to <https://www.mentalhealth.gov/get-help/immediate-help> for immediate help. BridgeUSA also has other available resources on our website, [www.j1visa.state.gov](http://www.j1visa.state.gov), for you to check out.

We are pleased that you made the decision to come to the United States and hope you enjoy your stay.

Sincerely,



Karen S. Ward  
Acting Deputy Assistant Secretary  
for Private Sector Exchange



## Exchange Visitor Program

# Welcome Brochure

Welcome to the U.S. Department of State's Exchange Visitor Program, BridgeUSA.

During your exchange program, you will have the unique opportunity to experience life in the United States. You will not only serve as an ambassador of your home country helping to educate the American people about your country and customs, but you will experience American culture first-hand. You will also enhance your skills and expertise and make connections and memories that will last a lifetime.

This brochure will help you understand the purpose of the Exchange Visitor Program, provide you with information on contacting the U.S. Department of State, and introduce you to some of the major requirements of the Exchange Visitor Program regulations.



**BridgeUSA**



The Mutual Educational and Cultural Exchange Act of 1961 promotes mutual understanding between the people of the United States and other countries by means of educational and cultural exchange.



## The Exchange Visitor Program

The U.S. Department of State administers the Exchange Visitor Program under the provisions of the Mutual Educational and Cultural Exchange Act of 1961, as amended. The Act promotes mutual understanding between the people of the United States and other countries by means of educational and cultural exchange. The Exchange Visitor Program provides foreign nationals opportunities to participate in exchange programs in the United States with the expectation that on completion of their exchange program, they will return home to share their experiences.

### Sponsors

The U.S. Department of State designates U.S. organizations such as government agencies, academic institutions, educational and cultural organizations, and corporations to administer exchange visitor programs. These organizations are known as sponsors. Sponsors screen and select exchange visitors to participate in their programs based on the regulations governing the exchange activity and stated in 22 CFR Part 62. Sponsors provide exchange visitors with pre-arrival information and an orientation in addition to monitoring activities throughout their exchange program. Sponsors offer or identify cross-cultural activities that will expose exchange visitors to American society, culture, and institutions. You are encouraged to participate in activities that provide you with an opportunity to share your language, culture, and history of your country with Americans.





## Responsible Officers

Sponsors appoint individuals as responsible officers and alternate responsible officers to advise and assist exchange visitors. These officers issue the Certificate of Eligibility (Form DS-2019) and conduct official communications with the Department of State and the Department of Homeland Security (DHS) on your behalf. Your sponsor's role is to help you manage your program. If problems arise or you have questions, your sponsor is there to help you. Should you have any questions about the regulations or any aspect of your exchange program, your initial and primary contact is your sponsor. Unless provided specific contact information by your sponsor, you should contact the person whose name and telephone number is located on your Form DS-2019.

## Exchange Visitor

An exchange visitor is a foreign national selected by a sponsor to participate in an exchange visitor program and who is seeking to enter or has entered the United States temporarily on a J-1 visa.

## Spouse and Dependents

Some categories of the Exchange Visitor Program permit a spouse and/or unmarried children, under 21 years of age, to accompany an exchange visitor to the United States. These individuals may apply for J-2 visas with the permission of your sponsor.

## Current Regulations

The Exchange Visitor Program regulations are located in the Code of Federal Regulations, (22 CFR, Part 62) and can be found at:

[j1visa.state.gov/sponsors/current/regulations-compliance/](https://www.j1visa.state.gov/sponsors/current/regulations-compliance/)

**It is important that you** understand and abide by the Exchange Visitor Program regulations, U.S. laws, and sponsor rules. Regular contact with your sponsor will help you keep current with any change which may affect your J-1 visa status. Some requirements of the Federal regulations and where to find them are indicated below.

- **Register with your sponsor** – Your Form DS-2019 was created in a computerized system known as the Student and Exchange Visitor Information System (SEVIS). This System is administered by the Department of Homeland Security and is used to collect and maintain information on the current status of non-immigrants and their dependents in the sponsor's program during their stay in the United States.

**When you arrive in the United States, you must contact your sponsor to ensure that your data in SEVIS is accurate and updated. Failing to maintain your program status could result in serious consequences and may affect your ability to remain in or return to the United States.**

- **Activities and Program Provisions** – You entered the United States in a specific program category and are required to engage in the activity listed on your Form DS-2019. You must comply with the specific program provisions of the regulations relating to your exchange category.
- **Insurance** – You are required to have medical insurance in effect for yourself (J-1), your spouse, and any dependents (J-2) for the duration of your program. Some sponsors provide the required insurance for their exchange visitors. Other sponsors may allow you to make your own arrangements or may help to identify insurance providers. Consult with your responsible officer's sponsor before the start of your program.



## Maintenance of Insurance

Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program.

## Maintenance of Valid Program Status

You are required to have a valid and unexpired Form DS-2019. Sponsors may terminate an exchange visitor's program for violating U.S. laws, Exchange Visitor Program regulations, or the sponsor's rules governing their particular program. If your program is terminated, you are expected to immediately depart the U.S.

## Required Notifications to Sponsors

You must immediately inform your sponsor if you change your address (residence), telephone number, email address, or complete or withdraw from your exchange visitor program early. Doing so assists your sponsor in complying with their notification and reporting requirements to the U.S. Department of State and the Department of Homeland Security. Failure to keep your sponsor informed could result in the termination of your program.

## Contacting the U.S. Department of State

The Exchange Visitor Program is administered under the oversight of the Deputy Assistant Secretary for Private Sector Exchange, Bureau of Educational and Cultural Affairs.



## Helpful Links:

For questions on applying please visit:

[j1visa.state.gov/participants](https://j1visa.state.gov/participants)

[j1visa.state.gov/wp-content/uploads/2022/01/EV-TRIFOLD.pdf](https://j1visa.state.gov/wp-content/uploads/2022/01/EV-TRIFOLD.pdf)

Resources and Common Questions for Exchange Visitors:

[j1visa.state.gov/participants/current](https://j1visa.state.gov/participants/current)

[j1visa.state.gov/participants/common-questions/](https://j1visa.state.gov/participants/common-questions/)

**Questions or concerns about your exchange program?**  
Contact the sponsor listed on your Form DS-2019.

**Still have questions AFTER speaking with your sponsor?**  
Email [Jvisas@state.gov](mailto:Jvisas@state.gov)

**Remaining concerns or need emergency assistance?**  
Call the J-1 Visa Emergency Hotline at [1-866-283-9090](tel:1-866-283-9090)

The U.S. Department of State does not tolerate any form of retaliation and fully supports your request for assistance.

**If you or someone else is in immediate danger, call 911!**