Instructions

The U.S. Department of State Exchange Visitor Program regulations require all participants and their J-2 dependents to have health insurance in effect for the entire duration of the J-1 program. Failure to maintain valid health insurance coverage is a violation of the status and will subject all participants and their dependents to departure from the United States.

To be considered properly insured, you must complete this form and return it to the Center for International Education (CIE) upon your arrival at Southern Illinois University verifying that you have the required coverage. If you have a spouse and/or children who will be accompanying you as J-2 dependents, they must be insured also.

Part I. Personal Data (please print as it appears in your passport)

Last Name:	First Name:	Middle Name:	
Sex: ☐Male ☐Female	Marital Status: ☐Single ☐Married	Date of Birth:	SEVIS ID No.: N00
Country of Citizenship:		Phone:	Email:
Dependent Name:			Relationship: ☐Spouse ☐Child
Dependent Name:			Relationship: ☐Spouse ☐Child
Dependent Name:			Relationship: ☐Spouse ☐Child

Part II. Health Insurance Company Information

Insurance Company Name:	Policy Number
Date of Coverage: From	To:
U.S. Claims Agent Address:	Phone Number:

Part III. Insurance Plan Information

Indicate below if the listed benefits are provided in your insurance plan and that of your J-2 dependent. Attach documents that verify that your health insurance meets these standards.

Yes	No	Benefits
☐	☐	Medical benefits of at least $100,000 per person per accident or illness
☐	☐	Medical evacuation in the amount of $50,000
☐	☐	Repatriation of remains in the amount of $25,000
☐	☐	A deductible not to exceed $500 per accident or illness
☐	☐	Includes coverage for perils inherent to the activities of the program in which the insured participates

This policy, plan, or contract must be: (select one)

☐	Underwritten by an insurance corporation having a rate of "A- "or above; or
☐	Backed by the full faith and credit of the government of the insured'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 (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

Signature of J-1 Scholar: _____ Date: _____