

CONFIRMATION OF INSURANCE COVERAGE

J-1 VISA

Federal regulations require all J-1 visa holders and their dependents to have medical insurance during the duration of their studies / research. Please complete this form so that we can report to the U.S government that you are in compliance with federal regulations regarding your J-1 visa status. Please submit this completed form to the Office of International Programs (OIP) in person or by email to oip@utep.edu

Your health insurance coverage period should be for the entire length of your DS-2019. If your program is for several years, you can provide health insurance coverage for one year increments.

PART I (TO BE COMPLETED BY THE J-1 VISA HOLDER)

Name: _____ UTEP ID#: _____

Check one:

Research Scholar/Professor Short-term Scholar Student Intern Student

Name of dependent(s) covered:

PART II (TO BE COMPLETED BY THE INSURANCE PROVIDER)

The above named J-1 exchange visitor and dependent(s) if applicable are covered by a medical insurance plan that meets or exceeds the following minimum requirements as mentioned below:

Insurance requirements for J1 and J2 visa holders:

- Medical benefits of at least \$100,00 per accident or illness
- Deductible does not exceed \$500 per accident or illness
- Evacuation benefits of at least \$50,000
- Repatriation of remains benefits in the amount of \$25,000

Name of Insurance Company: _____ Policy Number: _____

Beginning Date of Coverage: _____ End Date of Coverage: _____
(Month/Day/Year) (Month/Day/Year)

Insurance Representative (printed name): _____

Phone Number: _____

Signature: _____ Date: _____

