

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 health insurance is a violation of the status and will subject all participants and their dependents to departure from the United States.

In order to be considered properly insured, you must complete this form and return it to Office of International Student & Scholar Services (OISSS) upon your arrival at Texas A&M University-Kingsville verifying that you have the required coverage. If you have a spouse and/or child that will be accompanying you as J-2 dependents, they must be insured.

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

1. Your Last/Family Name:
2. Your First Name:
3. Your Middle Name:
4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
6. Date of Birth:
7. SEVIS ID No.:
8. Phone No.:
9. Email Address:
10. Country of Citizenship:
11. Dependent #1 Name:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child
12. Dependent #2 Name:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child
13. Dependent #3 Name:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child

**Part II. Insurance Company Information**

14. Insurance Company Name:
15. Policy No.:
16. Dates of Coverage: From _____ To: _____
17. U.S. Claims Agent Address:
18. Phone No.:

**Part III. Insurance Plan Information**

19. 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.
1) <input type="checkbox"/> Yes <input type="checkbox"/> No. Medical benefits of at least \$100,000 per person per accident or illness
2) <input type="checkbox"/> Yes <input type="checkbox"/> No. Repatriation of remains in the amount of \$25,000
3) <input type="checkbox"/> Yes <input type="checkbox"/> No. Expenses associated with the medical evacuation to the insured's home country in the amount of \$50,000
4) <input type="checkbox"/> Yes <input type="checkbox"/> No. A deductible not to exceed \$500 per accident or illness

5) <input type="checkbox"/> Yes <input type="checkbox"/> No. Includes coverage for perils inherent to the activities of the program in which the insured participates
20. This policy, plan or contract must be: (select one)
1) <input type="checkbox"/> Underwritten by an insurance corporation having a rate of "A-" or above; or
2) <input type="checkbox"/> Backed by the full faith and credit of the government of the insured's home country; or
3) <input type="checkbox"/> Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
4) <input type="checkbox"/> 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.
21. Signature: _____
22. Date: _____

**Note:** You must submit a copy of your Insurance Policy Statement, which should have all the information listed on Part III. Insurance Plan Information.