

INSURANCE REQUIREMENT NOTIFICATION FORM

I have been informed of the insurance requirements for J-1 exchange visitors by the Office of International Student and Scholar Services. I will handle my insurance coverage in the following way:

I am not eligible for University Insurance. I have purchased insurance which meets all of the requirements. Name of insurance company and policy number:

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I have adequate health insurance from my home country. I will purchase the extra required coverage for medical evacuation and repatriation of remains from a private company if it is not included in my policy. Name of insurance company and policy number:

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I am eligible for University of Illinois insurance benefits.

I understand that I am responsible for having the health insurance required for J-1 exchange visitors and that I must show proof of this insurance in order to obtain a dependent or extension DS-2019.

I understand that all of my J-2 dependents are also required to have this insurance coverage.

I understand that my J-1 program participation will be terminated if I do not maintain the required insurance.

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Name

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Signature

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Date