CLEMSON
INTERNATIONAL SERVICES

Form IS-206, Health Insurance Compliance

Instructions

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 IS upon your arrival at Clemson University verifying that you have the required coverage. If you have a spouse and/or children that will be accompanying you as J-2 dependents, ***they must be insured***. *You must list all dependents currently residing in the U.S. in Part II.*

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

Name (Family/Surname):	(First):	(Middle):
CUID No:	SEVIS No: N_____ Gender: ☐ Male ☐ Female	Marital Status: ☐ Single ☐ Married
Country of Citizenship:		
Phone No:	Email Address:	Date of Birth:

Part II. Dependent(s) Data (*please print as it appears in passport)*

Note – You must list and provide evidence of medical insurance for all dependents that are in the U.S. If you have dependents who will join you at a later date, you need only list their names below.

Dependent Name:	*Relationship (choose one):* ☐ Spouse ☐ Child
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Dependent Name:	*Relationship (choose one):* ☐ Spouse ☐ Child

Part III. Insurance Company Information

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

Part IV. 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
☐	☐	Repatriation of remains in the amount of $25,000
☐	☐	Expenses associated with the medical evacuation to the insured's home country in the amount of $50,000
☐	☐	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: (please select one)		
☐		Underwritten by an insurance corporation having a rating 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: _____ Date: _____