

## 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	s it appears in	passport)
-----------------------	------------------	-----------------	-----------

Traine (Failing	(Surname):		(First):	(Middle):
CUID No:		SEVIS No: N	Gender: Male Fe	male Marital Status: Single Married
Country of Cit	izenship:			
Phone No:		Email Address:		Date of Birth:
		Data (please print as it ap		
			of medical insurance for all de only list their names below.	ependents that are in the U.S. If you have
ерениена ин	io viii joiii ye		only not then harnes below.	
Dependent Na	me:		Rela	ationship (choose one):  Spouse Child
Dependent Na	me:		Rela	ationship (choose one):  Spouse Child
Dependent Na	те:		Rela	ationship (choose one):  Spouse Child
Dependent Name:		Rela	ationship (choose one):  Spouse Child	
art III. Ins	surance Co	mpany Information		
		, , , , , , , , , , , , , , , , , , , ,		
Insurance Con	pany Name:			Policy Number:
D / CC	Г	To:		
		10.		
Dates of Cover U.S. Claims A		10.		Phone Number:
U.S. Claims A	gent Address:			Phone Number:
U.S. Claims A	gent Address:	an Information		Phone Number:
U.S. Claims A	gent Address: urance Pla	n Information		
U.S. Claims A  Part IV. Ins  Indicate below	gent Address:  urance Pla  if the listed b	an Information  Denefits are provided in your i		
U.S. Claims A  Part IV. Ins  Indicate below health insurance	gent Address:  urance Pla  if the listed be meets these	an Information  penefits are provided in your i		Phone Number:  dependent. Attach documents that verify that your
U.S. Claims A  Part IV. Ins  Indicate below health insurance	gent Address:  urance Pla  if the listed be meets these  Benefits	en Information  Denefits are provided in your istandards.	nsurance plan and that of your J-2	
U.S. Claims A  Part IV. Ins  Indicate below health insurance	urance Pla  if the listed be meets these Benefits Medical b	penefits are provided in your i standards.	nsurance plan and that of your J-2 or person per accident or illness	
U.S. Claims A  art IV. Ins  Indicate below health insurance	gent Address:  urance Pla  if the listed to the meets these Benefits Medical b Repatriati	penefits are provided in your istandards.  enefits of at least \$100,000 per on of remains in the amount of	nsurance plan and that of your J-2 or person per accident or illness f \$25,000	dependent. Attach documents that verify that you
U.S. Claims A  Part IV. Ins  Indicate below health insurance	gent Address:  urance Pla  if the listed to meets these Benefits Medical b Repatriati Expenses	penefits are provided in your istandards.  The standards are provided in your istandards.  The standards are provided in your istandards.  The standards are provided in your istandards.	r person per accident or illness f \$25,000 vacuation to the insured's home cour	dependent. Attach documents that verify that you
U.S. Claims A  Part IV. Ins  Indicate below health insurance	gent Address:  urance Pla  if the listed to meets these Benefits Medical b Repatriati Expenses A deducti	penefits are provided in your istandards.  The standards are provided in your istandards.	r person per accident or illness f \$25,000 vacuation to the insured's home courident or illness	dependent. Attach documents that verify that you stry in the amount of \$50,000
Indicate below health insurance Yes No	gent Address:  urance Pla  if the listed to the meets these Benefits Medical b Repatriati Expenses A deducti Includes of	penefits are provided in your istandards.  Therefore the standards are provided in your istandards.	r person per accident or illness f \$25,000 vacuation to the insured's home cour	dependent. Attach documents that verify that you stry in the amount of \$50,000
Indicate below health insurance Yes No	rif the listed be meets these Benefits Medical b Repatriati Expenses A deducti Includes can or contract	penefits are provided in your istandards.  The enefits of at least \$100,000 peron of remains in the amount of associated with the medical explicit of the exceed \$500 per accoverage for perils inherent to famust be: (please select one)	r person per accident or illness f \$25,000 vacuation to the insured's home cour ident or illness the activities of the program in which	dependent. Attach documents that verify that you stry in the amount of \$50,000
Indicate below health insurance Yes No	if the listed be meets these Benefits Medical be Repatriati Expenses A deducti Includes can or contract	penefits are provided in your istandards.  The standards are provided in your istandards.	r person per accident or illness f \$25,000 racuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or	dependent. Attach documents that verify that you attry in the amount of \$50,000 in the insured participates
Indicate below health insurance Yes No  This policy, pl  U.S. Claims A	rif the listed be meets these Benefits Medical be Repatriati Expenses A deducti Includes can or contract erwritten by ared	penefits are provided in your istandards.  The standards are provided in your istandards.	r person per accident or illness f \$25,000 racuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or ment of the insured's home country;	dependent. Attach documents that verify that you attry in the amount of \$50,000 in the insured participates
U.S. Claims A  Part IV. Ins  Indicate below health insurant Yes No  This policy, pl  Hodo Back Part	if the listed be meets these Benefits Medical be Repatriati Expenses A deducti Includes can or contract erwritten by are ed by the full of a health ber	penefits are provided in your istandards.  The standards are provided in your istandards.	r person per accident or illness f \$25,000 racuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or nent of the insured's home country; oup basis to employees or enrolled st	dependent. Attach documents that verify that you atry in the amount of \$50,000 in the insured participates or udents by a designated sponsor; or
U.S. Claims A  Part IV. Ins  Indicate below health insurance yes No  This policy, pl  This policy, pl  Back Part Offee	rif the listed be meets these Benefits Medical be Repatriati Expenses A deducti Includes can or contract erwritten by ared by the full of a health ber	penefits are provided in your istandards.  The enefits of at least \$100,000 per on of remains in the amount of associated with the medical evolution between the energy of	r person per accident or illness f \$25,000 vacuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or ment of the insured's home country; oup basis to employees or enrolled st qualified Health Maintenance Orga	dependent. Attach documents that verify that you atry in the amount of \$50,000 in the insured participates  or udents by a designated sponsor; or unization (HMO) or eligible Competitive Medica
U.S. Claims A  Part IV. Ins  Indicate below health insurance yes No  This policy, pl  This policy, pl  Back Part Offee	rif the listed be meets these Benefits Medical be Repatriati Expenses A deducti Includes can or contract erwritten by ared by the full of a health ber	penefits are provided in your istandards.  The enefits of at least \$100,000 per on of remains in the amount of associated with the medical evolution between the energy of	r person per accident or illness f \$25,000 vacuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or ment of the insured's home country; oup basis to employees or enrolled st qualified Health Maintenance Orga	dependent. Attach documents that verify that you atry in the amount of \$50,000 in the insured participates or udents by a designated sponsor; or
Indicate below health insurance Yes No	rif the listed be meets these Benefits Medical be Repatriati Expenses A deducti Includes can or contract erwritten by ared by the full of a health ber	penefits are provided in your istandards.  The enefits of at least \$100,000 per on of remains in the amount of associated with the medical evolution between the energy of	r person per accident or illness f \$25,000 vacuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or ment of the insured's home country; oup basis to employees or enrolled st qualified Health Maintenance Orga	dependent. Attach documents that verify that you atry in the amount of \$50,000 in the insured participates  or udents by a designated sponsor; or unization (HMO) or eligible Competitive Medica
Indicate below health insurance Yes No	rif the listed be meets these Benefits Medical be Repatriati Expenses A deducti Includes can or contract erwritten by ared by the full of a health ber	penefits are provided in your istandards.  The enefits of at least \$100,000 per on of remains in the amount of associated with the medical evolution between the energy of	r person per accident or illness f \$25,000 vacuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or ment of the insured's home country; oup basis to employees or enrolled st qualified Health Maintenance Orga	dependent. Attach documents that verify that you atry in the amount of \$50,000 in the insured participates  or udents by a designated sponsor; or unization (HMO) or eligible Competitive Medica
U.S. Claims A  Part IV. Ins  Indicate below health insurance Yes No  This policy, pless of the plane of the p	gent Address:  urance Pla  if the listed be meets these Benefits Medical b Repatriati Expenses A deducti Includes can or contract erwritten by ar ed by the full of a health ber red through or (CMP) as deter	penefits are provided in your istandards.  The enefits of at least \$100,000 per on of remains in the amount of associated with the medical evolution between the energy of	r person per accident or illness f \$25,000 vacuation to the insured's home cour ident or illness the activities of the program in which a rating of "A-" or above; or ment of the insured's home country; oup basis to employees or enrolled st qualified Health Maintenance Orga	dependent. Attach documents that verify that you atry in the amount of \$50,000 in the insured participates  or udents by a designated sponsor; or unization (HMO) or eligible Competitive Medica