



J-1 Scholar Health Insurance Certification

1. I understand that U.S. immigration law requires me to have health insurance for myself and for my dependents at all times while I am in the U.S.
2. I understand that my legal status will be terminated if I do not have the required insurance for myself and my dependents at all times while I am in the U.S.
3. If I change my insurance arrangements, I will inform International Affairs by completing a new insurance certification form.

Insurance Payment (Check one):

I have purchased health insurance for myself and my dependents.

My host department has purchased health insurance for me; I have purchased health insurance for my dependents.

My host department has purchased health insurance for me and my dependents.

Insurance Plan (Check one):

International Student and Scholars Insurance

Whether you are self-purchasing or your host department is purchasing your insurance, the host department will assist you in enrolling in the insurance program.

Other (specify name): _____

Please attach evidence of your purchase (receipt, ID Card, copy of enrollment form, etc.) and copy of policy to verify coverages.

Signature

Name

Date