



J Exchange Visitor Insurance Verification Form

FOR RICE UNIVERSITY J EXCHANGE VISITORS

Please email to: oiss@rice.edu OR fax to: 713-348-6058

One of Rice University's responsibilities as a J-1 Program Sponsor is to report on the compliance of each J Exchange Visitors. This includes the verification that J-1 Exchange Visitors have secured and are maintaining health insurance that meet the U.S. Department of State's minimum coverage requirements. J Exchange Visitors may satisfy the insurance requirements through private or employer sponsored plans as long as the coverage meets all J requirements and proof is provided for the duration of their program for themselves and any dependents. All documentation must be in English.

To be completed by J Exchange Visitor. Separate forms should be provided for each covered individual. Please write clearly:

Name: Last: _____ First: _____

Date of Birth (MM/DD/YYYY) _____ Employee/Visitor ID: E _____ or V _____

Email Address: _____ Phone (include country code): _____

I confirm that (please select the one that is applicable)

my insurance policy

my dependent spouse's insurance policy. Name of J2 Dependent's spouse:

Last: _____ First: _____

my dependent child's insurance policy. Name of J2 Dependent's child:

Last: _____ First: _____

Is remain active throughout the duration of my J-1 Exchange Program at Rice University and I agree to maintain health insurance that meet all 1) U.S. Department of State's minimum coverage requirements, and 2) the Affordable Care Act requirements.

I attest that the information provided on J Exchange Visitor Insurance Verification form is accurate and true.

I understand that it will be used as evidence of J Exchange Visitor(s) health insurance coverage, and I understand that false information given on this form regarding mine and my J2 dependent(s) insurance coverage is a criminal act and would result in termination of my current status and possible affect future visits to the U.S.

Signature of J1 Exchange Visitor: _____ Date: _____

For OISS Use Only		
I have reviewed:	<input type="checkbox"/> Insurance Verification Form for Insurance Company/HR	<input type="checkbox"/> Insurance Verification form for J-1 Scholars
Approved by: _____	Date: _____	OISS Authorization granted for:
		Start Date: _____
		End Date: _____