

## Insurance Requirements

All individuals who receive a Form DS-2019 and enter the U.S. in J-1 Exchange Visitor status are required to have medical insurance to cover themselves and any accompanying J-2 dependents "...for sickness or accident during the period of time than an exchange visitor participates in the sponsor's exchange visitor program. Minimum coverage shall provide:

- 1) Medical benefits of at least \$50,000 per accident or illness;
- 2) Repatriation of remains in the amount of \$7,500;
- 3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of 10,000; and
- 4) A deductible not to exceed \$500 per accident or illness." 22 C.F.R. § 62.14(a)

Willful failure to comply with this requirement will result in the termination of the Exchange Visitor's program.

## Waiver of 212(e) Home Residence Requirement

Exchange Visitors subject to the two-year home country residence requirement who have been granted a waiver of this requirement are "...no longer considered eligible for an extension of program beyond the end date shown on the current Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, even though he or she may not have completed the maximum duration of participation permitted for the category" 9 FAM 41.62 N10.2. In order to determine eligibility for the extension of your J-1 status, it is mandatory for you to certify whether or not you have applied for this type of waiver.

## Section I: Exchange Visitor Information

LAST/FAMILY NAME

First/Given Name

Middle

U.S. Residential Address: Street

City

State

Zip Code

Date of Birth (MM/DD/YYYY)

Gender: ☐ Male ☐ Female

Telephone Number: Home

Cell

Work

Fax

E-mail Address

## Section II: Certification

*Please respond and sign below:*

- 1) I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with minimum coverage as specified above for myself and all accompanying dependents. I hereby affirm that I have the stated insurance for the effective period of all valid Form(s) DS-2019 issued to me.

Phone: 713-500-3176 Fax: 713-500-3189

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Houston, TX 77030

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2) I have applied for a waiver of the 212(e) Home Residence Requirement: ☐ Yes ☐ No

- If yes, please provide your Department of State Case Number: \_\_\_\_\_

I hereby certify that I have read and understand the information regarding the insurance requirement as set forth by the U.S. Department of State, that I understand the two-year home residence requirement, and that the information given by me on this application to extend J-1 status is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_