



ARRIVAL FORM FOR J VISA HOLDERS

TIEC MUST RECEIVE THE FOLLOWING SIGNED STATEMENTS WITH SUPPORTING HEALTH INSURANCE AND EMERGENCY CONTACT INFORMATION **NO LATER THAN 25 DAYS AFTER THE EXCHANGE VISITOR'S START DATE.**

CURRENT ADDRESS IN USA

Name of Exchange Visitor _____

Address _____ USA Phone _____

City *zip code*

New email (if applicable) _____

ORIENTATION

Orientation has been, or will be provided for the exchange visitor and the exchange visitor's immediate family including the information on maintaining status.

TIEC Institution _____ Date of Orientation: _____

Contact person at TIEC Institution (please print) _____

Signature _____ Date _____

I understand that orientation is a required part of the exchange visitor program and have participated in an orientation at my sponsoring university/institution. If I have questions about the information covered in orientation, I will contact my institution's international office.

Exchange Visitor Name (please print) _____

Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

I am providing the following information in case of an emergency. This person is legally able to make decisions on my behalf in the event of my incapacitation:

1-Name (person in the U.S.) _____

Address _____

Phone Number _____ Email _____

2-Name (person in the home country) _____

Address _____

Phone Number _____ Email _____

HEALTH INSURANCE STATEMENT FORM

I understand that as a J visa holder I am required to maintain health insurance with minimum coverage for myself and accompanying family members. The insurance coverage must meet the following minimum specifications:

REQUIRED MINIMUM INSURANCE COVERAGE

Major Medical Coverage.....	\$100,000
Medical Evacuation.....	\$50,000
Repatriation of Remains.....	\$25,000
Maximum Deductible per Accident/illness.....	\$500

MINIMUM POLICY RATING (Must Comply With One)

- A.M. Best rating of "A-" or above;
- Insurance Solvency International Ltd., rating of "A-" or above;
- Standard and Poor's rating of "A-" or above
- Weiss Research, Inc. rating of "B+" or above

*****All policies must fully comply with the Patient Protection and Affordable Care Act*****

I understand that willful failure to meet the requirements specified will result in the termination of my program.

Signature _____

Date_____

Dependent Information (if applicable)

Name (please print) _____

Email _____

U.S. Telephone _____

Please return this form within 25 days of arrival to:

J-1 Exchange Visitor Services
Texas International Education Consortium
1103 W. 24th St., Austin, TX 78705

FAX: (512) 322-0592 EMAIL: tiep@tiec.org

**Failure to return this form within 25 days of entry may result in loss of J-visa status and require reinstatement.*