Arrival Verification Form for Exchange Visitors

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 U.S.

Name of Exchange Visitor

Address:

Street Address

City Zip Code

U.S. Phone (required)       New Email (if applicable)

ORIENTATION

Orientation has been / 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:

Street Address

City Zip Code

U.S. Phone       Email

2. Name (person in the U.S.)

Address:

Street Address

City Zip Code

U.S. Phone       Email

Dependent Information (if applicable)

Name (please print)

U.S. Phone       Email

Name (please print)

U.S. Phone       Email

Name (please print)

U.S. Phone       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

**Please complete and send this form within 25 days of arrival to:**

J-1 Exchange Visitor Services, TIEC

ATTN: Cyan Green

1103 West 24th Street

Austin, TX 78705

EMAIL: [cyan.green@tiec.org](mailto:cyan.green@tiec.org)

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