HEALTH INSURANCE STATEMENT FORM FOR J VISA HOLDERS

TIEC MUST RECEIVE THE FOLLOWING SIGNED STATEMENT AND PROOF OF INSURANCE NO LATER THAN 25 DAYS AFTER THE EXCHANGE VISITOR’S START DATE.

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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Minimum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Medical Coverage</td>
<td>$100,000</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>$50,000</td>
</tr>
<tr>
<td>Repatriation of Remains</td>
<td>$25,000</td>
</tr>
<tr>
<td>Maximum Deductible per Accident/illness</td>
<td>$500</td>
</tr>
</tbody>
</table>

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.

Name (please print) ________________________________________________

Local U.S. Address ________________________________________________

_________________________________________________________________

Telephone ________________________________________________________

Signature ____________________________ Date_________________________

Please send proof of your insurance to:

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

Email: tiep@tiec.org
Fax: (512) 322-0592