

Instructions

U.S. Department of State Exchange Visitor Program regulations require all participants and their J-2 dependents to have health insurance in effect for the entire duration of the J-1 program. Failure to maintain health insurance is a violation of the status and will subject all participants and their dependents to departure from the United States.

In order to be considered properly insured, you must complete this form and return it to OIP upon your arrival at The University of Akron verifying that you have the required coverage. If you have a spouse and/or children that will be accompanying you as J-2 dependents, they must be insured. You must list all dependents in Part I.

Part I. Personal Data (please print as it appears in passport)

Name	(family)	(first)	(middle)
UA ID No		SEVIS ID No	N000
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date of Birth
			Email Address
Country of Citizenship			Phone No
Dependent Name		Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Dependent Name		Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Dependent Name		Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Dependent Name		Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child

Part II. Insurance Company Information

Insurance Company Name		Policy No	
Dates of Coverage	(from)	(to)	
U.S. Claims Agent Address		Phone No	

Part III. Insurance Plan Information

Below is a list of REQUIRED minimums benefits. Please indicate if the listed benefits are provided in your insurance plan and that of your J-2 dependent. Attach documents to verify that your health insurance meets these standards.

Yes	No	Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Medical benefits of at least \$50,000.00 per person per accident or illness
<input type="checkbox"/>	<input type="checkbox"/>	Repatriation of remains in the amount of \$7,500.00
<input type="checkbox"/>	<input type="checkbox"/>	Expenses associated with the medical evacuation to the insured's home country in the amount of \$10,000
<input type="checkbox"/>	<input type="checkbox"/>	A deductible not to exceed \$500.00 per accident or illness
<input type="checkbox"/>	<input type="checkbox"/>	Includes coverage for perils inherent to the activities of the program in which the insured participates

This policy, plan or contract must be: (please select one)

<input type="checkbox"/>	Underwritten by an insurance corporation having a rating of "A-" or above; or
<input type="checkbox"/>	Backed by the full faith and credit of the government of the insured's home country; or
<input type="checkbox"/>	Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
<input type="checkbox"/>	Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

Part IV. Attestation

I have purchased and reviewed my health insurance policy and attest to the facts stated in this Form OIP-410, Health Insurance Compliance are true.

Exchange Visitor' Signature		Date	
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