



TEXAS INTERNATIONAL EDUCATION CONSORTIUM

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

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.

Name (please print) _____

Local U.S. Address _____

U.S. Telephone _____

Email _____

Signature _____ Date _____

Dependent Information (if applicable)

Name (please print) _____

Email _____

U.S. Telephone _____

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