

HEALTH INSURANCE CERTIFICATION

I certify that I am in compliance with the requirements of the J visa program of the U.S. government to have insurance that meets the following minimums:

- At least \$50,000 per accident or illness
- \$7,500 for repatriation of remains
- \$10,000 for medical evacuation to the home country
- A deductible not to exceed \$500 per accident or illness

Health Insurance Provider _____

Repatriation and Medical Evacuation Provider _____

Date insurance begins: _____ End date of insurance _____

Do you have J-2 dependents in U.S.? Yes: _____ No: _____

If yes, I certify that my dependents are covered by the same or equal insurance.

J-1 name _____

J-1 signature _____ Date _____

UNIVERSITY *of* NORTH TEXAS

International Advising ♦ P.O. Box 311067 ♦ Denton, TX 76201

Kendall Hall 171 ♦ Tel: 1.940.565.2195 ♦ Fax: 1.940.565.4822

♦ <http://www.international.unt.edu/immigration>

