

## THE UNIVERSITY OF TEXAS AT DALLAS INSURANCE REQUIREMENTS FOR EXCHANGE VISITORS

All exchange visitors are required to have medical insurance to cover themselves and all accompanying dependents for the duration of their program. The following items are required:

- \* Major Medical Coverage: \$50,000  
Deductible must not exceed \$500 per person and coverage must pay at least 80% of approved medical charges and underwritten by a company with a rating of "A-" or above.
- \* Repatriation of Remains: \$ 7,500
- \* Medical Evacuation: \$10,000

### ***WILLFUL FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RESULT IN THE TERMINATION OF THE EXCHANGE VISITOR'S VISA STATUS.***

This requirement can be fulfilled in one of five ways:

UT Student Insurance is available to all J-1 visa holders and their dependents. It is not necessary for you to enroll as a student to have this coverage. For more information visit [http://www.utdallas.edu/student/international/insurance/policy\\_costs.html](http://www.utdallas.edu/student/international/insurance/policy_costs.html)

1. UT Employee Insurance is available to exchange visitors who are employed by UTD for at least 20 hours per week, and for 4 and 1/2 months or longer. This coverage will satisfy the major medical requirement only and costs will vary by the plan selected. Medical evacuation and repatriation coverage is not included in UT Insurance. A separate policy will need to be purchased from International SOS.
2. Medical evacuation and repatriation coverage is available for approximately \$20 per year per person or \$40 for a family through International SOS. Please check with Human Resources for the brochure and form or enroll online: [www.internationalsos.com/visitorusa](http://www.internationalsos.com/visitorusa). Tell SOS that you will be employed at UTD.
3. Provide written evidence of insurance coverage from your country (translated into English) that satisfies the program's requirements.
4. You may purchase of a policy that meets the stated requirements from one of the following companies. [www.imglobal.com](http://www.imglobal.com) [www.gatewayplans.com](http://www.gatewayplans.com) [www.isoa.org](http://www.isoa.org)

***Please complete the following by printing legibly:***

Name of Exchange Visitor:

Date of Birth:

U. S. Social Security Number:

Passport Issued By:

Passport Number:

I and my J-2 dependents, if any, have or will have (check one):

- UT Student Insurance
- UT Employee Insurance
- Alternate insurance coverage that satisfies program requirements.

**I understand the insurance requirements of the Exchange Visitor program and I understand and agree that my willful failure to meet this requirement will result in the termination of my J-1/J-2 visa status.**

**Signature:**

**Date:**

***Return this completed form as soon as possible, but no later than your arrival at UTD to:***

Carolyn Miller, PHR

Office of Human Resources, P. O. Box 830688

MS: AD 10, Richardson Texas 75083-0688