REQUEST FOR EXCHANGE VISITOR INVITATION
J-1 TEMPORARY EXCHANGE FOREIGN VISITOR VISAS

MANDATORY HEALTH (ACCIDENT & SICKNESS) INSURANCE REQUIREMENT

Prospective Towson University Exchange Visitor:

- Please read, complete, and certify this statement.
- Carry it with you to the U. S. Consulate when you apply for your visa and when your papers are inspected by immigration at the airport.
- Submit it to the International Student & Scholar Office (ISSO) when you arrive on campus.
- The ISSO will review your current insurance coverage to verify whether or not it meets U. S. government requirements.
- If you require additional insurance, visit the ISSO for information on suitable options.

Compliance Agreement

I, ________________________________, understand that as a participant in the U. S. Department of State’s Exchange Visitor Program, I must maintain Accident and Sickness Insurance coverage throughout my stay in the United States with J-1 non-immigrant status. I will ascertain that my current coverage meets the minimum requirements stated below, or I will purchase and maintain a health insurance policy which meets the stated requirements as soon as I arrive in the United States.

United States Exchange Visitor Program Regulations regarding health insurance – Exchange Visitors are required to have medical insurance in effect for themselves and any accompanying spouse and/or dependents on J visas.

(a) Minimum Coverage – At a minimum, insurance shall cover:

- Medical benefits of at least $100,000 per accident or illness
- A deductible not to exceed $500 per accident or illness
- Repatriation of remains in the amount of $25,000
- Expenses associated with medical evacuation in the amount of $50,000.

(b) Additional Terms – A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds $500 per accident or illness, and must meet other standards specified in the regulations.

(c) Maintenance of Insurance – Exchange Visitors must maintain the required insurance during the duration of their program.

I acknowledge that I understand and agree to abide by the Exchange Visitor insurance requirement. When I arrive on campus I will provide to the International Student & Scholar Office of Towson University evidence that I am enrolled in an insurance plan which meets the above standards. Evidence will show:

- Proof that I am enrolled
- Proof of level of coverage provided.

If necessary, I will provide translation of proof of insurance in English.

_______________________________________________  ______________________________________
Signature of Prospective Exchange Visitor  Date