

## 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. Exchange visitors and any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act." The following items are required:

- \* Major Medical Coverage: \$100,000  
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: \$ 25,000
- \* Medical Evacuation: \$50,000

### ***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 three 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/healthcenter/insurance/intl.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.
2. Provide written evidence of insurance coverage from your country (translated into English) that satisfies the program's requirements.
3. 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 upon arrival at UTD to:*

Kelly Anderson  
Human Resources Management  
800 W. Campbell Road  
MS: AD 10, Richardson Texas 75083-0688