

Exchange Visitor Contact Information

Address: _____
(Street)

City: _____ Province/Territory: _____

Country: _____ Postal Code: _____

Phone Number: _____ Email: _____

Is the exchange visitor currently in the U.S.? Yes No

If YES, current immigration status (e.g., J-1, F-1, H-1B): _____

Please submit the following documents to the OIA along with the exchange visitors completed J-1 application

1. Copies of all immigration documents (DS-2019(s), I-20(s) or I-797(s))
2. Copy of most recent I-94
3. Copy of passport

UL Lafayette faculty or staff hosting the exchange visitor:

Name and Title: _____

Department: _____

Phone Number: _____ Email: _____

Required Health Insurance

The current regulations governing the J-1 Exchange Visitor Program requires J-1 exchange visitors and any dependents who accompany the J-1 exchange visitor to have medical insurance coverage. The prospective J-1 exchange visitor is required by the United States Department of State to have at least:

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

On page 4 of this J-1 application packet, you will find a **Certification of Medical Insurance** form. This form **MUST** be completed by the exchange visitor's insurance agent as well as the prospective exchange visitor.



Certification of Medical Health Insurance Coverage
J-1 Exchange Visitor

Name: _____

Personal Email: _____

Expected Arrival Date: _____ Expected Departure Date: _____
(Month/Day/Year) (Month/Day/Year)

I certify that the above named individual and _____ dependents have medical benefits of at least \$100,000.00 per accident or illness, repatriation of remains in the amount of \$25,000.00, expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000.00 and a deductible not to exceed \$500.00 per accident or illness.

Dates of Coverage: From: _____ To: _____

Name of Medical Health Insurance Company Signature of Agent Representing Date
Medical Health Insurance Company

Please attach the following documents:

- Proof of the exchange visitors medical health insurance coverage (such as ID card or letter from insurance company).
• Verification of dates of coverage
• A description, in English, of the conditions of the medical health insurance coverage.
• If the medical health insurance is based on employee benefits provided to the exchange visitor's parent, documentation verifying the age through which the exchange visitor is eligible for coverage.

I certify that I have enrolled in the above medical health insurance program. I will continue to maintain this coverage and will notify your office of any changes and provide appropriate documentation of any changes. I will provide documentation of continuation of the required coverage upon request for extension of J-1 status.

By agreeing to and submitting this form, I acknowledge that the information provided about my medical health insurance coverage is true and accurate and I understand that I must carry the requisite insurance for as long as I am enrolled at the University of Louisiana at Lafayette. If this document contains any false, fraudulent or misrepresented information, the University of Louisiana at Lafayette will have no responsibility (legal or financial) to any health issues that apply to and have been incurred by me, including death. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at the University of Louisiana at Lafayette. Further, I understand that the Office of International Affairs along with Student Health Services reserves the right to investigate the validity of private policy benefits in order to meet all listed requirements.

Signature of Exchange Visitor

Date

Approval for the Employment/Visit of an Exchange Visitor (J-1 Status)

Name of Prospective Exchange Visitor: _____

Title of Position: _____ **Department:** _____

We Certify that:

1. We agree to accept responsibility for this participant for the entire period of stay as requested on the form DS-2019. We hereby certify that there is sufficient funding to support this individual for the entire period stated on the J-1 visa application request form,
2. Should problems occur with the exchange visitor regarding employment, studies, etc., I (we) agree to follow the appropriate standard university procedures in remedying said problems. These procedures must be followed even when UL Lafayette does not provide financial support to the exchange visitor,
3. The prospective exchange visitor is proficient in English,
4. We agree to notify the Office of International Affairs immediately of any changes within the department, which affects the status of an exchange visitor (i.e. loss of funding or significant change in duties),
5. We agree to notify the Office of International Affairs immediately if the exchange visitor ceases to participate in the exchange visitor Program prior to the end of his/her program date.
6. We agree to notify the Office of International Affairs at least 45 days in advance of the program completion date to request an extension of the exchange visitor's stay.

Name of Faculty/Staff Sponsor: _____

Signature: _____ **Date:** _____

Approval is granted to employ or invite the prospective exchange visitor:

 Department Chair **Date:** _____

 Dean **Date:** _____

 Vice President (Academic Affairs) **Date:** _____

 President **Date:** _____