

**J-1 Scholar Insurance Attestation**

**This form must be completed, signed and returned to the International Center. This form must be completed again before a new DS-2019 can be issued for an extension of stay or when adding dependents.**

All J-1 scholars and their dependent(s) are required to have health insurance that meets the minimum requirements as defined by the US Department of State, which governs the Exchange Visitor Program. The insurance coverage must provide the following minimum coverage:

- Medical benefits of at least \$50,000 per person per accident or illness
- Repatriation of remains in the amount of \$7,500
- Medical Evacuation expenses in the amount of \$10,000
- A deductible that does not exceed \$500

Please indicate below how you expect to meet this medical insurance requirement:

- I will purchase health insurance (different from IIT student health insurance) that meets J-1 requirements  
\* Please find the enclosed Health Insurance Information for J-1 Scholars form with the list of Medical Insurance Agents.
- I will purchase the IIT student insurance based on research credit registration (2 research credits/semester, 1 credit/summer) Enrollment period: Annual (8/15-8/14) \$850, Spring (1/6-8/14) \$508, or Summer (5/26-8/14) \$236.
- I am a Senior Research Associate or Research Associate to be paid by IIT. Therefore, I will join the IIT employee health insurance plan. In addition to the employee insurance, I will purchase medical evacuation/repatriation plans.

I understand that while in J-1 status in the U.S., I am required to maintain health insurance with the minimum coverage as specified above for myself and any accompanying dependents. I hereby affirm that I have, or will have by the time I begin my visit at the Illinois Institute of Technology, the stated insurance for the effective period of all valid forms DS-2019 issued to me. I also acknowledge that willful noncompliance with the insurance provisions will result in the termination of my participation in the Exchange Visitor Program.

\_\_\_\_\_  
Exchange Visitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Please Print

\_\_\_\_\_  
Department

\_\_\_\_\_  
E-mail Address

[www.iit.edu](http://www.iit.edu)

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