



# TEXAS INTERNATIONAL EDUCATION CONSORTIUM

## HEALTH INSURANCE STATEMENT FORM FOR J VISA HOLDERS

TIEC MUST RECEIVE THE FOLLOWING SIGNED STATEMENT AND PROOF OF INSURANCE **NO LATER THAN 25 DAYS AFTER THE EXCHANGE VISITOR'S START DATE.**

I understand that as a J visa holder I am required to maintain health insurance with minimum coverage for myself and accompanying family members. The insurance coverage must meet the following minimum specifications:

### REQUIRED MINIMUM INSURANCE COVERAGE

Major Medical Coverage.....	\$100,000
Medical Evacuation.....	\$50,000
Repatriation of Remains.....	\$25,000
Maximum Deductible per Accident/illness.....	\$500

### MINIMUM POLICY RATING (Must Comply With One)

- A.M. Best rating of "A-" or above;
- Insurance Solvency International Ltd., rating of "A-" or above;
- Standard and Poor's rating of "A-" or above
- Weiss Research, Inc. rating of "B+" or above

***\*\*All policies must fully comply with the Patient Protection and Affordable Care Act\*\****

I understand that willful failure to meet the requirements specified will result in the termination of my program.

Name (please print) \_\_\_\_\_

Local U.S. Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please send proof of your insurance to:

J-1 Exchange Visitor Services  
Texas International Education Consortium  
1103 W 24<sup>th</sup> St.  
Austin, Texas 78705

Email: [tiep@tiec.org](mailto:tiep@tiec.org)  
Fax: (512) 322-0592