



**OFFICE OF
INTERNATIONAL AFFAIRS**

INDIANA UNIVERSITY-PURDUE UNIVERSITY
Indianapolis

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**J-1 SCHOLAR / J-1 STUDENT and J-2 DEPENDENT
HEALTH INSURANCE WAIVER FORM**

Name:	University ID:
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Health insurance coverage is a requirement of all Exchange Visitors in J-1 or J-2 visa status. The U.S. Department of State (DOS) has established the following minimum insurance requirements:

1. Medical insurance must cover the entire period of participation in the Exchange Visitor program.
 2. \$100,000 coverage for each sickness.
 3. \$100,000 coverage for each injury.
 4. \$50,000 medical evacuation to home country.
 5. \$25,000 repatriation of remains to home country.
 6. Deductible not more than \$500 per sickness or injury (per person).
- *Maternity Benefits preferred (female scholars only)

Please report how you are meeting the above requirements. Please only choose one of the following three options.

1. I am an employee of IUPUI and am receiving health insurance coverage as a part of my employee benefits package.
I understand that my health insurance does not include the mandated coverage for medical evacuation and repatriation and that I must purchase this coverage separately. This is called Personal Accident Insurance (PAI) and you must elect at least \$30,000 of coverage.

Acknowledge this statement by writing your initials: _____

2. I have purchased the optional Aetna Student/Scholar Health coverage available from IUPUI.

Coverage start date:	Coverage end date:
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3. I am using a health insurance provider that is not affiliated with IUPUI.

Check one and fill in the company's information below:

- I have purchased a health insurance policy in my home country which is effective in the United States and meets the above requirements.
- I have purchased a health insurance policy from a private company in the United States which meets the above requirements.

Name of Insurance Company:	
Telephone Number:	Email:
Website:	
Coverage start date:	Coverage end date:

Your Signature: _____ **Date:** _____