



ARRIVAL VERIFICATION FORM FOR EXCHANGE VISITORS

TIEC **must** receive the following signed statements with supporting health insurance and emergency contact information **no later than 25 days after the exchange visitor's start date.**

CURRENT ADDRESS IN U.S.

Name of Exchange Visitor _____

Address:

Street Address

City

Zip Code

U.S. Phone (required) _____ New Email (if applicable) _____

ORIENTATION

Orientation has been / will be provided for the exchange visitor and the exchange visitor's immediate family including the information on maintaining status.

TIEC Institution _____

Date of Orientation: _____

Contact person at TIEC Institution (please print) _____

Signature _____ Date _____

I understand that orientation is a required part of the exchange visitor program and have participated in an orientation at my sponsoring university/institution. If I have questions about the information covered in orientation, I will contact my institution's international office.

Exchange Visitor Name (please print) _____

Signature _____ Date _____

Texas International Education Consortium

611 W. 14th Street | ATTN: Cyan Green | Austin, TX 78701 U.S.A

Phone/Fax: +1-512-600-6063 | cyan.green@tiec.org | www.tiec.org



EMERGENCY CONTACT INFORMATION

I am providing the following information in case of an emergency. This person is legally able to make decisions on my behalf in the event of my incapacitation:

1. Name (person in the U.S.) _____

Address:

Street Address

City

Zip Code

U.S. Phone _____ Email _____

2. Name (person in the U.S.) _____

Address:

Street Address

City

Zip Code

U.S. Phone _____ Email _____

Dependent Information (if applicable)

Name (please print) _____

U.S. Phone _____ Email _____

Name (please print) _____

U.S. Phone _____ Email _____

Name (please print) _____

U.S. Phone _____ Email _____



HEALTH INSURANCE STATEMENT FORM

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

- + 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 at least one)

- + A.M. Best rating of "A-" or above;
- + McGraw Hill Financial / Standard and Poor's Claims-paying Ability rating of "A-" or above
- + Weiss Research, Inc. rating of "B+" or above
- + Fitch Ratings, Inc. rating of "A-" or above
- + Moody's Investor Services of "A3" 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.

Signature _____ Date _____

Please complete and send this form within 25 days of arrival to:

J-1 Exchange Visitor Services, TIEC
ATTN: Cyan Green
611 W 14th Street
Austin, TX 78701

EMAIL: cyan.green@tiec.org

Failure to return this form within 25 days of entry may result in loss of J-visa status and require reinstatement.