





## 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, B-1):

Please submit the following documents to the OIA along with the exchange visitor's completed application

1. Copies of all immigration documents (E-2, E-3, E-19(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 exchange visitor to have medical insurance coverage. The prospective J exchange visitor is required by the United States Department of State to have at least:

1. Medical benefits of at least \$100,000 per act:

## Certification of Medical Health Insurance Coverage J-1 Exchange Visitor

Name:

Personal Email:

Expected Arrival Date:

(Month/Day/Year)

Expected Departure Date:

(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  
Medical Health Insurance Company

Date

Please attach the following documents:

- Proof of the exchange visitor's medical health insurance coverage (such as ID 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.

## 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 w.C /P appl-2(c)3(i)-2n(.959 0</MCID 22 >d76ni/LBody <9r2 /LBody <</MCID