



## ARRIVAL VERIFICATION FORM FOR EXCHANGE VISITORS

It is TIEC's policy that the EV may enter as late as 14 days after the program start date. After that, we strongly recommend pushing the program dates back to accommodate travel and the processing of arrival verification documents.

Additionally, please note that TIEC charges an additional \$150 for expedited process if all the arrival verification documentation isn't submitted within 14 days of the exchange visitor's program start date as stated on the DS-2019, or if a request to push back the program dates is submitted after 14 days of the program start date. TIEC cannot push back the start date if the exchange visitor has already arrived in the U.S.

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. **Failure to submit complete documentation in a timely manner may result in the loss of J visa status.**

### 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: \_\_\_\_\_

Designated Campus Representative (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 \_\_\_\_\_



## CURRENT ADDRESS IN U.S.

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

U.S. Phone (required) \_\_\_\_\_ New Email (if applicable) \_\_\_\_\_

## 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 no later than 25 days of the program start date to:**

J-1 Exchange Visitor Services, TIEC  
ATTN: Ann Marie Blackmon  
611 W 14th Street  
Austin, TX 78701

EMAIL: [j1@tiec.org](mailto:j1@tiec.org)

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