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

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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:

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.
   - [x] 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: __________________________