



**Purpose of this form** – To notify the appropriate Office of Immigration Services of a J-1 Exchange Visitor’s entry into the U.S. and arrival to campus. Proof of entry and U.S. residential address will be required. Evidence of compliance with insurance guidelines will be required within 30 days of arrival. Please note that health benefits provided through employment with the University does NOT cover all necessary insurance guidelines (see back of DS-2019 or the J-1 Exchange Visitor Guide).

**WITHIN 3 DAYS OF ARRIVAL** – The Exchange Visitor must complete this form and attach copies of his/her foreign passport, I-94 record of departure & arrival, stamped DS-2019, and US visa. The J-1 visitor must personally present these documents to the appropriate an OIS staff member.

<b>Exchange Visitor Name:</b>		
(Last)	(First/Given)	(Middle)
<b>Date of US Entry:</b> _____	<b>Date Arrived on Campus:</b> _____	
( mm , dd , yyyy )	( mm , dd , yyyy )	
<b>Current US Residential Address</b> (even if temporary – do not use the department address):		
(Address)	(City)	(State) (Zip)
<b>Email:</b> _____	<b>U.S. Phone Number:</b> _____	
<b>DOCUMENT CHECKLIST – (all must be included with this form)</b>		
▪ Foreign Passport / US Visa	▪ I-94 printout	▪ Original DS-2019
(I-94 cards are now Online at: <a href="https://i94.cbp.dhs.gov/i94/#/home">https://i94.cbp.dhs.gov/i94/#/home</a> )		

**OIS Office Locations**

OU Norman & Tulsa Campus

Megumi Wilson

339 W. Boyd St, Whitehand Hall Suite 223, Norman, OK 73019

Email: megumi.wilson@ou.edu Phone: (405) 325-4010

OU Health Sciences Center Campus

Adam Telfer

1122 NE 13th St, O’Donoghue Research Building Room TB038, Oklahoma City, OK 73117;

Email: Adam-Telfer@ouhsc.edu Phone: (405) 271-2189



**Purpose of Form:** Exchange Visitors (J-1) and any J-2 dependents (spouses and minor children under the age of 21) accompanying them are required to carry medical insurance.

Willful failure on the part of the participant and/or any J-2 dependents to maintain active insurance coverage is grounds for termination from the program. Exchange Visitors at OU must provide proof of insurance no more than 30 days after arriving on campus.

**Please Note:** Proof of insurance will be required prior to extension of the program period.

### Insurance Policy Requirements

Please check the following boxes to confirm that you have or will obtain the required medical insurance of at least the following amounts. **Please Note:** Health coverage through OU does not contain medical evacuation and repatriation insurance coverage. Purchase of a separate policy will be required.

- 1. Your coverage must have medical benefits of at least \$25,000.00 per accident or illness. Do you understand this coverage? Yes      No
- 2. Your coverage must have Repatriation of Bodily Remains in the amount of \$2,000.00. Do you understand this coverage? Yes      No
- 3. You must have coverage for costs of Medical Evacuation to your home country in the amount of \$50,000.00. Do you understand this coverage? Yes      No
- 4. Your insurance deductibles must not exceed \$500.00 per accident or illness.  
A deductible is the amount you owe before your insurance coverage or plan will begin to pay expenses. Do you understand about the limit on your deductibles? Yes      No

### Medical Health Insurance Acknowledgement & Pledge

I pledge to maintain the required insurance coverage (as shown above) while at my program at OU, as well as residing in the United States of America. In addition, I understand that failure to maintain insurance coverage (as listed above) will result in the termination of my J-1 program, which will render me unemployable, and that notification will be sent to the Department of State. I pledge to obtain the required coverages within 30 days of U.S. entry.

J-1 Exchange Visitor Name \_\_\_\_\_

Insurance Company Name & Address \_\_\_\_\_

Exchange Visitor's Signature \_\_\_\_\_

Date \_\_\_\_\_

### OIS Office Locations

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