

PROGRAM HEALTH INSURANCE AGREEMENT

'I agree to maintain health insurance and all other insurance that meets the U.S. Dept. of State requirements for me and my dependents for the full length of our stay in the U.S. I understand that failure to do so may result in the termination of my J-1 program.'

Name of Scholar (Please print)

Date

Signature

Please upload the documents to your immigration TTUHSCEP's account.