

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 email or fax the signed form to:

Juan Chavez BA., MSc. HR
Section Coordinator
Visa & Immigration Services Administration
(915) 783-5157 fax
ELP_Visa@ttuhsc.edu