



**Will TSRI be providing your Health / Accident insurance?**

Yes No

If someone other than TSRI will be providing your health /accident insurance then please complete the following:

Name of Insurance Provider	Name of Insured	Policy Number	Effective Dates of Policy

**Medical Evacuation / Repatriation Insurance Requirements:**

J-1 Exchange Visitor regulations mandate that each J-1 exchange visitor (and J-2 dependents, if applicable) must be covered for the entire duration of the internship program by an acceptable medical evacuation / repatriation insurance policy.

Please note: Medical Evacuation / Repatriation insurance is purchased separately from Health / Accident Insurance. Medical Evacuation / Repatriation are not included in a basic health insurance package, including TSRI Health / Accident Insurance. For your convenience, we have included an SOS pamphlet. SOS is the most popular company for securing Medical Evacuation / Repatriation insurance. The minimum amounts are listed below:

Expatriation of mortal remains        ≥        \$7,500  
 Medical evacuation                        ≥        \$10,000

**I understand my obligation to obtain Health / Accident Insurance and Medical Evacuation / Repatriation Insurance and the need to maintain these insurance requirements throughout my J-1 program at The Scripps Research Institute.**

\_\_\_\_\_  
 (please initial here)

**Have you previously been in the U.S. in J-1 or J-2 exchange visitor visa status?**

No Yes If yes, please complete the following:

Dates of PREVIOUS J-1 Program	J-1 Category (student, researcher...)	Visa Sponsor (University, Fulbright, etc)

Have you ever applied for a waiver of the two year home residence rule (212e)? No Yes

If yes, have you received any official notification on the application from the Dept. of State or the Immigration Service? No Yes

Will immediate family accompany you to the United States? No Yes If yes, complete the following:

Name (as in passport)	Relationship to you	Date of Birth	City & Country of Birth	Country of Citizenship	Country of Legal Residency

Address where documents should be mailed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I certify that the above information is true and correct**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date