81,9(56,7< 2) 1257+)/25,'\$ (;&+\$1*(9,6,725 352*5\$0 6,&.1(66 \$1' \$&&,'(17 ,1685\$1&(9(5,),&\$7,21

Health and Accident Insurance is mandatory for all J-1 Exchaisgers and any J-2 family members during their stay at thedrivity of North Florida. This is a requirement of State. This FNQHVV DQG \$FFLGHQ Morthm, iQus edu DQFH by the Exchange Visitor to provide proof that he or shesisting down the home government or by a company within the countries of her legal residence. The named Exchange Visitor upon his orriveal to the University of North Florida must present profot o insurance coverage to the UNF International Center KH LQVXUDQFH SROLF PXVW FRYHU WKH HQWLUH)RUP LV YDOLG

Exchange Visitor Name: _____

Name of Insurance Provider:

I authorize my insurance provider to release the following information to the University of North Florida.

;

Visitor Signature:_____ Date: _____

72 % (& 203/(7(' % < ,1685\$1&(3529,'(5 Please verify that the insurance policy you have issued to the above named person meets or exceeds the following requirements:

1. Medical benefits of at least \$,000 per accident or illness;

2. Repatriation of remains in the amount of \$

3. Expenses associated with the medical evacuation of the Exchange Visitor to his/her home counimythe amount of \$:

4. A deductible not to enllness;

028penses as 0 /hans97e: