

J-1 Arrival Notice

PURPOSE OF THIS FORM

To notify the 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 do NOT cover all necessary insurance guidelines (see back of DS-2019 or the J-1 Exchange Visitor Guide).

WITHIN 3 BUSINESS 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 Exchange Visitor must personally present these documents to the appropriate OIS staff member within 3 business days of arrival to the U.S.

EXCHANGE VISITOR INFORMATION

Provide your information below.

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Middle Name: Click or tap here to enter text.

Date of US Entry: Click or tap here to enter text.

Date Arrived on Campus: Click or tap here to enter text.

Current US Residential Address – a temporary address is acceptable.

Street: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Email: Click or tap here to enter text.

US Phone Number: Click or tap here to enter text.

DOCUMENT CHECKLIST

Below documents must be attached to this form. Check in the boxes to confirm that you have attached them.

- Passport biographic page
- J-1/J-2 visa stamp(s)
- I-94 printout (from <https://i94.cbp.dhs.gov/home>)
- DS-2019 (stamped by the U.S. embassy/consulate)

OIS OFFICE LOCATIONS

OU Norman & Tulsa Campus

J-1 Scholar Advisor/ARO: Megumi Wilson, megumi.wilson@ou.edu, 405-325-4010
Address: 339 W Boyd Street, Whitehand Hall, Suite 223, Norman, OK 73069

OU Health Campus

J-1 Scholar Advisor/ARO: Adam Telfer, Adam-Telfer@ou.edu, 405-271-2189
1122 NE 13th Street, O'Donoghue Research Building, Room TB038, Oklahoma City, OK 73117

J-1 Health Insurance Pledge

PURPOSE OF THIS FORM

J-1 Exchange Visitors and any accompanying J-2 dependents (spouses and minor children under the age of 21) 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. **J-1 Exchange Visitors at OU must provide proof of insurance no more than 30 days after arriving on campus.**

J-1 INSURANCE POLICY REQUIREMENTS

Confirm that you have or will obtain the required medical insurance of at least the following amounts by checking the following boxes. Please note that health coverage through OU does NOT contain medical evacuation and repatriation insurance coverage. Purchasing a separate policy will be required.

- My insurance coverage must have **medical benefits of at least USD \$100,000 per accident or illness.**
- My insurance coverage must have **Repatriation of Bodily Remains in the amount of USD \$25,000.**
- I must have coverage for costs of **Medical Evacuation to my home country in the amount of USD \$50,000.**
- My insurance **deductibles must not exceed USD \$500 per accident or illness.** A deductible is the amount I owe before my insurance policy starts paying for covered expenses.

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 U.S. Department of State. I pledge to obtain the required coverage within 30 days of my U.S. entry.

Check one of the options below.

- I attached proof of my medical insurance to this form.
- I will submit proof of my medical insurance within 30 days of my arrival date.

J-1 Exchange Visitor's Name: Click or tap here to enter text._____

Insurance Company Name: Click or tap here to enter text._____

J-1 Exchange Visitor's Signature: _____

Date of Signature: Click or tap here to enter text._____