

J-1 Exchange Visitor NOT Participating in the Getty Scholar and Graduate Intern Programs

**Insurance Verification Form**

Please, **print out, complete and then e-mail a scanned copy of this form** to: [osip@getty.edu](mailto:osip@getty.edu). If you have any questions, do not hesitate to contact Daniela Ferrari, OSIP Supervisor, via email at [dferrari@getty.edu](mailto:dferrari@getty.edu) or via phone at: 001-310-440-6123.

Exchange Visitor Name: \_\_\_\_\_

- I have selected the following health insurance plan, which I will independently pay.

Insurance Company Name: \_\_\_\_\_

US Address and Phone Number: \_\_\_\_\_

Email and/or Website Address: \_\_\_\_\_

Name and Number of Insurance Plan \_\_\_\_\_

Dependent(s)'s Name(s) covered by the policy: \_\_\_\_\_

Start **and** end dates of Insurance Coverage: \_\_\_\_\_

I have verified with the Insurance Company that this plan meets **all** the requirements of the U.S. Code of Federal Regulations, Vol. 22, section 62.14, October 2014 while I (and my dependents, if any) will be in the U.S. I have attached a copy of the plan and the confirmation letter from the Insurance Company both written in English.

Please be aware that if you will be in residence less than 12 weeks or, you decline Getty coverage or, Getty coverage is not offered in your invitation letter/contract, the Getty will not provide you or your family members with any health care coverage whatsoever, and the Getty will not be able to help you with any other coverage that you buy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_