

**J-1 Exchange Visitor 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: \_\_\_\_\_

Please check all that applies:

- I am a Scholar/Fellow participating in the Getty Scholar Program for 12 weeks or more
- I am an Intern/Trainee participating in the Getty Graduate Intern Program
- I have selected the health insurance coverage offered at the J. Paul Getty Trust for me (and my dependents on J-2 visa, if any) during my residence at the Getty.
- I understand, and agree, that the premium(s) of the insurance coverage will be deducted from my paychecks every two weeks, until the last day of the month of my residency.

----- **OR** -----

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

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

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

E-Mail 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 US 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 decline Getty coverage, the Getty will not provide you or your family members with any health coverage whatsoever, and the Getty will not be able to help you with questions related to any other coverage you buy.

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

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