

**SECTION 7 (Attachment): HEALTH INSURANCE PROMISSORY NOTE**

[Note: You may omit this section if you have international health insurance coverage that includes provisions on medical evacuation and repatriation. Please provide PROOF OF INSURANCE such as a copy of the insurance policy (written in English and directly issued by the insurance company) and attach to the J-1 application packet.]

Exchange visitors, professors, research scholars, and students who do not obtain their own health insurance before arriving at the University of San Diego should have the funds available to purchase it from the University, for themselves and for their dependents, no later than the day they arrive on campus.

(Please fill-out below in handwritten print.)

I, \_\_\_\_\_ will  
Last name First name

purchase health insurance coverage from The University of San Diego no later than the day I arrive on campus. I understand that if I willfully fail to carry health insurance for myself and my dependents, my J-1 sponsor must terminate my program and report the termination to the U.S. Department of State.

Dependents' Information

\_\_\_\_\_  
Last name First name Age Relationship to J-1

\_\_\_\_\_  
Last name First name Age Relationship to J-1

\_\_\_\_\_  
Last name First name Age Relationship to J-1

\_\_\_\_\_  
Last name First name Age Relationship to J-1

\_\_\_\_\_  
Last name First name Age Relationship to J-1

\_\_\_\_\_  
Last name First name Age Relationship to J-1

\_\_\_\_\_  
Signature Today's date