

Medical Insurance Attestation

Users to Fermilab must show that they are covered by valid medical insurance for the duration of their activities at Fermilab. ID Badges cannot be issued for longer than the duration of such medical insurance.

All questions must be answered. Please PRINT CLEARLY.

I do NOT hold J-1 Visa Status I hold J-1 Visa Status *and*

My J visa is sponsored by Fermilab
(Fermi Research Alliance, LLC, or Universities Research Association, Inc.)

My J visa is NOT sponsored by Fermilab

First Name: _____ Last Name: _____ FNAL ID# _____

Name of Insurance Company (in English) _____

Name of Insurance Company _____
(in your native alphabet, if appropriate)

Country of Insurance Company: _____ Policy #: _____

Effective Date: _____ End Date: _____

I confirm that I, the above-named User have valid medical insurance coverage through the above-described insurance policy and that this medical insurance

- Covers medical treatment for me for emergency and non-emergency illnesses and injuries, and
- Extends to incidents occurring **AT** Fermilab, in Batavia, IL.

I therefore confirm and attest that I have no need to purchase additional medical insurance to cover me while working/residing/visiting Fermilab.

*NOTE: F-1 students visiting Fermilab: Most university medical insurance policies for students do not cover injuries or illnesses occurring at locations other than the university site. Please check to ensure that your medical insurance covers you for incidents occurring **at** Fermilab. U.S. medical care can become very expensive, very quickly, in the absence of medical insurance. Examples include: Examination by a physician at a doctor's office: \$250 - \$350; examination by a physician at a hospital: \$350 - \$500; x-rays: \$350 - \$500.*

Signed: _____

Print Name: _____

Date: _____