Transmittal Form for Non-Degree Program Students Monthly Health Insurance Fee

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To determine if this form is required, please carefully read instructions on the Health Insurance Information for Non-Degree Students prior to completing this form.</strong></td>
<td></td>
</tr>
<tr>
<td>**** Please keep in mind that any partial month of the I-20 request should be counted as a full month for proper fee calculation.****</td>
<td></td>
</tr>
</tbody>
</table>

Name of Exchange Visitor: ___________________________ ___________________________ (Last) (First)

Dates covered by the I-20 currently requested: From ___________ To ___________ (MM/DD/YY) (MM/DD/YY)

Sponsoring Unit/Campus: ____________________________________________________

Contact in Sponsoring Unit: ________________________________________________

(Name)

______________________________________________________ (Phone)

______________________________________________________ (E-mail)

A journal entry to transfer the appropriate funds should be entered into RIAS. These funds should be transferred to the Insurance-Major Medical account (fund source 289238, Org. ID#10455, natural account 09700). The JE reference number should then be entered in the box below.

**The amount of the journal entry was calculated as follows (complete as appropriate):**

For F-1 Visitor: $178/month x __________________________ months = $________

(# of calendar months covered by I-20)

For F-2 Spouse: $586/month x __________________________ months = $________

For F-2 Child #1: $309/month x __________________________ months = $________

For F-2 Child #2: $309/month x __________________________ months = $________

For F-2 Child #3: $309/month x __________________________ months = $________

Total amount transferred via journal entry $________ Date Transferred _______

JE Reference Number __________

*Updated 9/2014*