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

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.

**** Please keep in mind that any partial month of the I-20 request should be counted as a full month for proper fee calculation. Effective 8/15/2015 the insurance month will begin on the 15th and end on the 14th.****

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: $184/month x ________________ months = $__________
(# of calendar months covered by I-20)

For F-2 Spouse: $156/month x ________________ months = $__________

For F-2 One Child: $156/month x ________________ months = $__________

For F-2 Two or More Children: $308/month x ________________ months = $__________

For F-2 Spouse + Two or More Children: $460/month x ________________ months = $__________

Total amount transferred via journal entry $__________ Date Transferred _________

JE Reference Number __________

Updated 7/2015