ERNEST ORLANDO LAWRENCE
BERKELEY NATIONAL LABORATORY
International Researchers and Scholars Office
1 Cyclotron Road
Berkeley, CA 94720

AGREEMENT TO PURCHASE AND MAINTAIN HEALTH INSURANCE IN THE U.S.

I agree to purchase and maintain health insurance that meets U.S. Department of State conditions for myself and any dependents with me in the U.S. for the full length of my stay in the U.S. I understand that failure to do so is a violation of my J-1 status and would lead to termination of my Exchange Visitor program and my right to stay in the U.S.

PLEASE PRINT

NAME: _____
Last **First** **Middle**

LOCAL ADDRESS: _____

DIVISION AT BERKELEY LAB: _____

DS-2019 # (top right hand corner): _____

COUNTRY OF CITIZENSHIP: _____

SIGNATURE: _____ DATE: _____

Bring this form to your guest appointment to Site Access (in the Building 65A Badge Office) or the Advanced Light Source User Facility (Building 4), or hire appointment scheduled with International Researchers & Scholars Services.