



BROWN

**Office of International Student & Scholar Services**

Page-Robinson Hall, Fourth Floor  
69 Brown Street, Box 1906  
Providence, RI 02912  
Email: [oisss@brown.edu](mailto:oisss@brown.edu)

Phone 401-863-2427  
Fax 401-863-7543  
[www.brown.edu/oisss](http://www.brown.edu/oisss)

**Health Insurance Compliance Attestation**

Brown University requires Visiting Research Fellows (VR) and Student Interns to purchase the [Brown University International Scholars insurance](#) plan for the duration of their J-1 program at Brown.

Prior to the issuance of the Form DS-2019 (Eligibility Document for the J-1 visa) and the appointment letter, the VRF/Student Intern should purchase this policy.

Insurance plans with program start dates of July 1, 2025 or later are not yet available for purchase. Prospective VRFs/Student Interns should complete and sign this agreement:

I, \_\_\_\_\_, understand that a requirement of my J-1 program at Brown University is enrollment in the [Brown University International Scholar Insurance Plan](#).

I certify that I will purchase this plan when the [Portal](#) is available (in May 2025). Upon purchase, I will share my GeoBlue ID card (stating my full name and program dates) with [oisss@brown.edu](mailto:oisss@brown.edu).

- Name (SURNAME, Given Name): \_\_\_\_\_
- Date of Birth (MM/DD/YYYY): \_\_\_\_\_
- Dates of J-1 Program at Brown University \_\_\_\_\_

Signature: \_\_\_\_\_  
(Electronic signature permitted)

Today's date (MM/DD/YYYY): \_\_\_\_\_