

**Auburn University OIE Status Verification of Dependents
For Insurance Purposes**

Name of Primary Status Holder (Student ID)	SEVIS ID Number	Visa F-1 <input type="checkbox"/> / J-1 <input type="checkbox"/>	Date
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I hereby request that the Office of International Education REMOVE the International Student and Scholar Health insurance billing for my dependents listed below:

Name	relationship	SEVIS ID #	Birth Date
	<input type="checkbox"/> Spouse, <input type="checkbox"/> child		
	<input type="checkbox"/> Spouse, <input type="checkbox"/> child		
	<input type="checkbox"/> Spouse, <input type="checkbox"/> child		
	<input type="checkbox"/> Spouse, <input type="checkbox"/> child		

Reason	SEVIS status	Initial reason
1 Not able to get visa, will apply at later date – I will request new I-20/DS-2019 for further visa applications	Cancel I-20/DS-2019	<input type="checkbox"/> _____
2 Not coming to US	Cancel I-20/DS-2019	<input type="checkbox"/> _____
3 Received visa (ATTACH COPY) but not coming to US until		<input type="checkbox"/> _____
4 Other, please explain in detail plans for coming to US (attach additional pages as needed – (if visa received ATTACH copy)		<input type="checkbox"/> _____

I understand that all my dependents must carry the AU International Student and Scholar health insurance or a policy that is EQUAL TO OR GREATER THAN the AU policy benefits. I further understand that

- all my dependents must check-in IN PERSON with OIE so that their documents can be verified upon arrival.
- failure to notify OIE of the arrival of my dependents will result in termination of my I-20 or DS-2019 and require that I apply for reinstatement. Furthermore I will not be eligible for any forms of funding from AU until such reinstatement is granted.
- all dependents are subject to US immigration regulations and that as the primary F-1 or J-1 it is my responsibility to ensure that I and my dependents comply with all US immigration regulations.

Printed Name	SID	Date
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This document must be signed in front of a notary public who can verify that you have provided appropriate identification to certify that you are the person who signed the document

**SIGNATURE OF
F-1 or J-1**

NOTARY CERTIFICATION: The above named individual signed this document before me on (date) _____ showing the following identification Alabama Drivers license, Passport, AU Student ID, AU Faculty/Staff ID, Other _____

**Affix Notary SEAL
and
SIGNATURE**

FOR OIE OFFICE USE ONLY	Date Received _____	OASIS 7CM date _____ initials _____
Insurance action date _____	Initials _____	SEVIS Action Date _____ Initials _____