

300 College Park, Rike Center Room 204 Dayton, OH 45469-1701

Phone: (937) 229-2748 | Email: isss@udayton.edu

To protect the health and safety of our international students and scholars, ISSS has instituted the following four requirements:

| Requirement  | Frequency   |  |  |  |
|--|---|--|--|--|
| Requirement 1: Verify Health Insurance. You must certify that your health insurance meets UD standards.  | Must be verified during your first semester and every subsequent fall semester. |  |  |  |
| Requirement 2: Update Your Local Address. As a condition of your F or J status, you must submit your local US address.                               | Must be updated within 10 days of moving to a new residence.                    |  |  |  |
| Requirement 3: Update Your Emergency Contact Information. You must submit contact information for a parent or spouse.                                | Must be updated once only.  |  |  |  |
| <b>Note: These requirements are overseen by (and specific to) ISSS</b> . Additional health and safety requirements from other departments may apply. |   |  |  |  |

ISSS **no longer** requires students to submit their passport, visa, I-20/Ds-2019, or I-94 as part of our health & safety requirements. Students are encouraged to keep digital copies of these documents themselves. <u>Download</u> the I-94 each time you enter the US.

Each of these requirements has its own separate process. Each process is short and should not take more than 5 minutes to complete. Instructions for navigating these processes are listed below.

| Instructions   | Page |
|--|------|
| START HERE: Find the International Requirements Page     | 2    |
| Requirement 2: Verify Health Insurance                   | 3    |
| Requirement 1: Update Your Local Address                 | 5    |
| Requirement 3: Update Your Emergency Contact Information | 8    |

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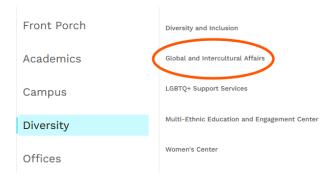
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### Finding the International Requirements Page:

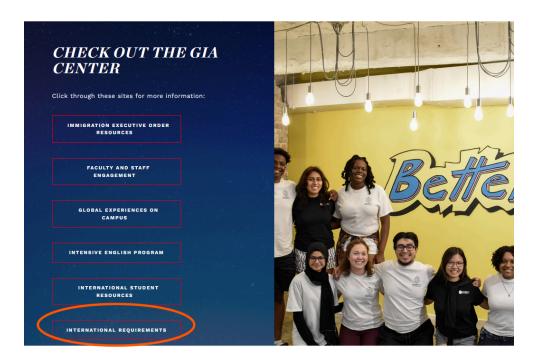
Click this <u>link</u> to be taken to the International Requirements page.





#### Welcome to the Global and Intercultural Affairs Center

Stay informed by connecting with us on <u>instagram</u>, subscribing to our <u>newsletter</u>, or exploring our upcoming events for the latest updates on GIA news and initiatives. You can also meet the team through our <u>directory</u>.





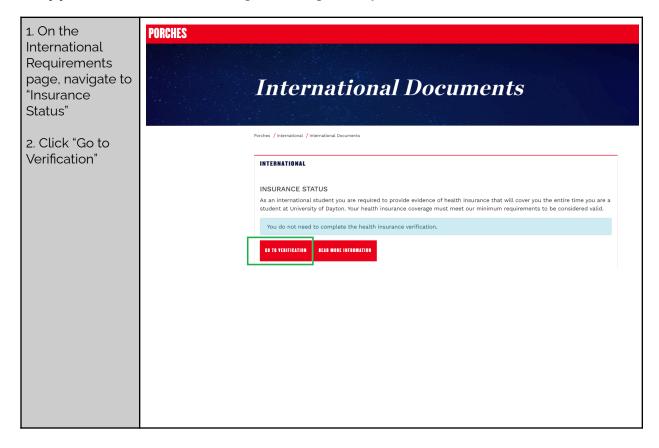
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#### **Verifying Your Health Insurance**

To protect their health, safety, and finances, the university requires international students to possess health insurance coverage for themselves and their families. Coverage must meet university standards, be active while the student is enrolled (including vacations), and **be verified every year**.

Verify your health insurance coverage following the steps below.





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3. Attach your summary of benefits (click for example).

4. Enter your insurance company name and insurance policy number. Your insurance policy number can be on your insurance card.

7. Click "I understand..." Your coverage must meet the minimum requirements

8. Click "Submit health insurance Information"

← INTERNATIONAL Please upload a scanned copy of your insurance "explanation of benefits" that lists your coverage amounts. MY INSURANCE Upload a Document Choose File No file chosen Please indicate the provider of your health insurance and the policy number. If you fail to provide this information, you will be prevented from registering for classes next semester. The health insurance verification must be completed each semester. Health insurance company name Health insurance policy number understand that I am required to have health insurance the entire time I am an enrolled student at the University of Dayton. • By clicking "Submit", I certify that my plan: • Covers at least a minimum of \$250,000 per condition. • Has a deductible of \$500 or less per individual. • Provides \$50,000 or more for medical evacuation to your home country. • Provides \$25,000 or more for repatriation (removal of remains after death) to your home country. • Is in effect for the entire time I am enrolled including vacations.

SUBMIT HEALTH INSURANCE INFORMATION



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### **Updating Your Local Address**

As a F-1 or J-1 student, you are required to provide address information to our office as a condition of your immigration status. This guide will show you how to make these updates electronically through Porches.

### Follow the steps below to update your local address.

| 1. On the International Requirement s page, navigate to "Local Address"  2. Click 'Update Your Local Address' | International Documents  Forches / International International Documents  LOCAL ADDRESS To protect the health and safety of our international students and scholars, ISSS has instituted the following requirements:  Update Your Local Address, As a condition of your For J status, you must submit your local US address within 10 days of moving to a new residence.  Your local address is up to date.  WINTERNATIONAL STREET  WINTERNATIONAL STREET  FOR J STREET  FOR J STREET STREET |
|---|--|
| 3. Under 'Type of Address', select 'Off Campus Address'. 4. Click 'Submit'.                                   | Type of Address to Insert: Off Campus Address   Submit   |



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| r Fill in all        |                                      |                |                              |                               |                         |
|----------------------|--------------------------------------|----------------|------------------------------|-------------------------------|-------------------------|
| 5. Fill in all       | Off Campus Address                   |                |                              |                               |                         |
| fields               | Valid From This Date:MM/DD/YYY       | 08/22/2022     | Only nut s                   | treet number and str          | eet name, as show in    |
| highlighted in       | Until This Date:MM/DD/YYYY           |                |                              | Do not put apartmer           |                         |
| red. DO NOT          | Address Line 1:                      | 344 Firwood Dr | /                            |                               |                         |
| input a foreign      | Address Line 2:                      | Apt F          |                              |                               | rtment, put apartment   |
| (non-US)             | Address Line 3:                      | Leave this fi  | eld blank                    |                               | e. Do not put any other |
|                      | City:                                | Dayton         |                              | information here.             |                         |
| address. Use         | State or Province:                   | Ohio           | ~                            |                               |                         |
| <b>ONLY</b> a local  | ZIP or Postal Code:                  | 45419          |                              |                               |                         |
| US address in        | County:                              | Montgomery     | •                            |                               |                         |
| these fields.        | Nation:                              | United States  | ~                            |                               |                         |
|                      | Delete this Address:                 |                |                              |                               |                         |
| luce a suba subulus  | Primary Phone Number For This A      |                |                              |                               |                         |
| Important: In        | Area Phone Exten<br>Code Number      | sion           | International<br>Access Code | Unlisted                      |                         |
| the 'Valid           |                                      |                | and Phone Nur                | mber                          |                         |
| From This            |                                      | OF             | S                            |                               |                         |
| Date' field,         |                                      |                |                              |                               |                         |
| input the            | DI T                                 | DI.            |                              |                               |                         |
| •                    | Phone Type Are<br>Coo                |                |                              | nternational<br>Access Code   | Unlisted Delete         |
| approximate          |                                      |                | a                            | and Phone Number              |                         |
| date you             | Select v                             |                | OR                           |                               |                         |
| began                |                                      |                |                              |                               |                         |
| residing at the      | Select                               |                | OR.                          |                               |                         |
| address. In the      |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
| 'Until This          |                                      |                |                              |                               |                         |
| Date' field,         |                                      |                |                              |                               |                         |
| input the            |                                      |                |                              |                               |                         |
| approximate          |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
| date you will        |                                      |                |                              |                               |                         |
| stop residing        |                                      |                |                              |                               |                         |
| at the address.      |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
|                      | 22470200200200200                    |                |                              |                               |                         |
| 6. Under             | Put only the three digit area code   |                |                              |                               |                         |
| 'Phone Type',        | Phone Type here Ar                   |                | Ext.                         | International                 | Unlisted Delete         |
|                      | Co                                   | de Number      |                              | Access Code<br>and Phone Numb | Leave                   |
| select ' <b>Cell</b> | Cell Phone > 93                      | 5555555        | Leave blank O                | R Leave blank                 | unchecked               |
| Phone'. Input        | 2                                    | .              | Court own                    | Louis blank                   |                         |
| your US cell         |                                      |                |                              |                               |                         |
| phone                | Do not put +1 or any                 |                |                              | he remaining seven            |                         |
| •                    | else other than the thi<br>area code | ee diga        | digits of y                  | our number here               |                         |
| number. <b>Do</b>    | 4104 5,040                           |                |                              |                               |                         |
| not include "-,      |                                      |                |                              |                               |                         |
| +, 1, ()"            |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
| in the phone         |                                      |                |                              |                               |                         |
| number field.        |                                      |                |                              |                               |                         |
| Only 10 digits       |                                      |                |                              |                               |                         |
| are accepted.        |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
| 7. When              |                                      |                |                              |                               |                         |
| finished, click      |                                      |                |                              |                               |                         |
| 'Submit'.            |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |
|                      |                                      |                |                              |                               |                         |



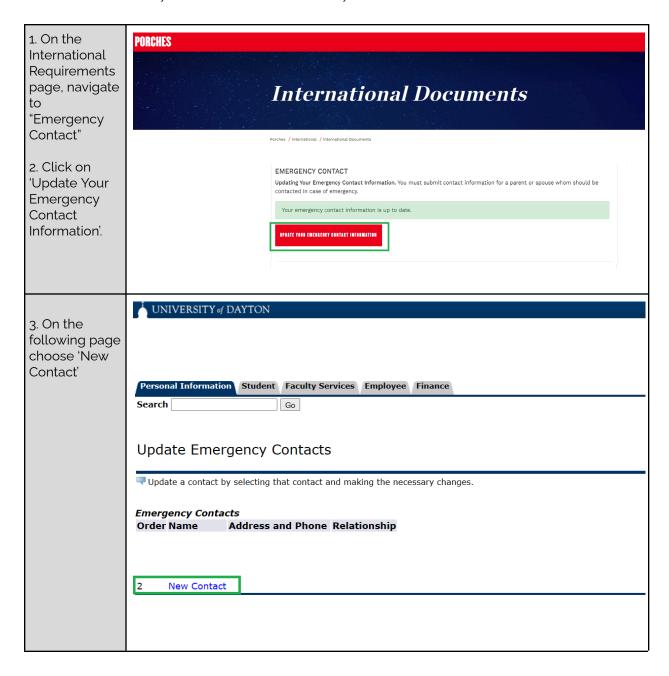
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#### **Updating Your Emergency Contact Information**

Living in another country so far away from friends and family can be challenging. When situations arise and you are unable to reach your family, who will do this for you?

For this reason, International Student & Scholar Services requires emergency contact information. An emergency contact is a parent or spouse (husband or wife) that we can call in the event you have a serious health or safety issue and are unable to call yourself.





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4. Complete all highlighted fields. Your emergency contact must be a parent or spouse.

5. Click 'Submit Changes'.

| Update Emergency Contacts |                       |                      |           |  |  |
|---------------------------|-----------------------|----------------------|-----------|--|--|
| Enter a new emer          | gency contact. When   | ı finished, Submit ( | Changes.  |  |  |
| Remove Contact:           |                       |                      |           |  |  |
| Order:                    | 1                     |                      |           |  |  |
| Relationship:             | Not Applicable        | ~                    |           |  |  |
| First Name:               |                       |                      |           |  |  |
| Middle Name:              |                       |                      |           |  |  |
| Last Name:                |                       |                      |           |  |  |
| Address Line 1:           |                       |                      |           |  |  |
| Address Line 2:           |                       |                      |           |  |  |
| Address Line 3:           |                       |                      |           |  |  |
| City:                     |                       |                      |           |  |  |
| State or Province:        | Not Applicable        | ~                    |           |  |  |
| Zip or Postal Code:       |                       |                      |           |  |  |
| Country:                  | Not Applicable   V    |                      |           |  |  |
|                           | Area Phon<br>Code Num |                      | Extension |  |  |
| Telephone:                |                       |                      |           |  |  |
| Submit Changes            | Reset                 |                      |           |  |  |