Print Form

Fermilab

User's Office
International Services
Human Resource Services
Workforce Development & Resources Section

630.840.3811 / 3111 (phone)
630.840.3688 (fax)

usersoffice@fnal.gov

Medical Insurance Attestation

Users to Fermilab must show that they are covered by valid medical insurance for the duration of their activities at Fermilab. ID Badges cannot be issued for longer than the duration of such medical insurance.

NOTE: If you are being sponsored for J-1 status by Fermilab, **do not** complete this Form; instead, please contact visaoffice@fnal.gov.

First Name: _____ Last Name _____ FNAL ID #: _____

Name of Insurance Company: _____

Country: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

I confirm that I, the above-named User, have valid medical insurance coverage through the above-described insurance policy.

I further confirm that this medical insurance covers medical treatment for me for emergency and non-emergency illnesses and injuries, and extends to incidents occurring at Fermilab, in Batavia, IL.

I therefore confirm and attest that I have no need to purchase additional medical insurance to cover me while working/residing/visiting Fermilab.

Signed: _____ Date: _____

Return form to: International Services Office
Fermilab, MS 103, PO Box 500
Pine Street and Kirk Road
Batavia, IL 60510-0500

or (Fax) 1-630-840-3688
(Email) usersoffice@fnal.gov