



Non-Employee Visiting Scholars or Research Associates Form (U.S. citizens or nationals, or lawfully present immigrants)

Instructions: This form should be read, understood and signed by visiting scholars or research associates who are U.S. citizens or nationals or lawfully present immigrants, and not employees of Western.

International visiting scholars or research associates coming to Western under a non-immigrant visa (e.g. J-1 visa) should not complete this form, but instead contact [International Student & Scholar Services](#) (www.wvu.edu/isss/scholars) at 360-650-6517.

HEALTH INSURANCE

Western does not provide health insurance coverage to non-employee visiting scholars or research associates. However, such visitors may be required to obtain health insurance coverage on their own under a mandate of the Affordable Care Act (ACA). If you do not have health insurance through your own employer, or government programs like Medicare and Medicaid, Western strongly recommends that you visit the following websites to verify whether you need to obtain an ACA compliant individual health insurance plan:

- [Washington State Office of Insurance Commissioner \(www.insurance.wa.gov\)](http://www.insurance.wa.gov)
- [Washington State's Healthplanfinder \(www.wahealthplanfinder.org\)](http://www.wahealthplanfinder.org)

INDEMNIFICATION AND HOLD HARMLESS

In consideration of my participation as a visiting scholar or research associate at Western Washington University, and to the extent permitted by law, I agree to indemnify and hold harmless Western Washington University, its trustees, officers, directors, employees and volunteers from any and all claims arising from my negligent acts or omissions or willful misconduct during my participation as a visiting scholar or research associate. "Claim" as used here means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom.

I have read and understand this Non-Employee Visiting Scholars or Research Associates Form.

Visiting Scholar or Research Associate Name (please print)

Signature of Visiting Scholar or Research Associate

Date