



PRELIMINARY DATA SHEET – PART 2

To be completed by prospective appointee coming to UMMS. The prospective appointee should complete & sign this form and return it to the UMMS hiring department administrator. **Please type or print all information clearly. Incomplete or unclear information will cause delays in the issuance. Attach the following to this form:**

- Copies of the biographical information pages from your passport (listing name and birth date), for yourself and any accompanying family members.
- **If you are in the United States**, copies of ALL current visa documents
- **If you were in the United States during the past 6 years in any visa status other than tourist**, copies of previous visa documents, such as Form DS-2019 or IAP-66 (for J-1); Form I-20 9for F-1); work authorization card (EAD); or H-1B, TN, or O-1 approval notice.

Personal Information

Name (as it appears in passport): _____
(Family/Last) (Given/First) (Middle)

Gender: ☐ Male ☐ Female Date of Birth (month/day/year): _____ Place of Birth _____
City, Country

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Contact Information

Current Telephone: _____ E-mail: _____

Address where visa documentation should be mailed: _____

_____ Permanent address outside the U.S.: _____

Current Occupation

Last position title in home country* _____
(*graduate student, researcher, professor, etc.)

Name of Last Employer/Institution in home country*: _____

*Country of citizenship or legal permanent residence, if more recent)

Highest Academic Degree: ☐ Doctorate ☐ MD ☐ Masters ☐ Bachelors ☐ Other: _____

Academic Field in which Degree issued: _____ Date awarded/to be awarded: _____

Will you be enrolled in a degree program or pursuing a degree elsewhere while on appointment at UMMS? ☐ No ☐ Yes

How long do you plan to be in the U.S.? _____

Is there a possibility that you may wish to return to the U.S. for a long stay within two years of departure? ☐ No ☐ Yes

Your UMMS Appointment

Date of previous UMMS affiliation, if any: _____ Name of UMMS faculty sponsor: _____

UMMS Department: _____

U.S. Visa History

Are you currently in the United States?

☐ No: At which consulate office will you apply for your visa: _____
Date you plan to arrive in the United States: _____

☐ Yes: Current visa status _____.

Will you be leaving the U.S. and returning before starting your appointment at UMMS?

☐ Yes: Give destination and travel dates: _____
☐ No

Have you ever been in the United States as a J-1 or J-2 Exchange Visitor? ☐ No ☐ Yes

If yes, are you subject to 212e, the 2-year home residency? ☐ No ☐ Yes ☐ Not Sure
If yes, have you applied for and received a waiver, or a recommendation for a waiver? ☐ No ☐ Yes (attach copy)

Have you ever filed, or has someone filed for you, an application for U.S. permanent resident status?

☐ No ☐ Yes (explain) _____

List your visits to the United States during the past six years in all visa categories except tourist. Begin with the most recent date. Use a separate page if necessary. (attach copies of all previous immigration paperwork).

<u>Visa Status</u>	<u>Start and End Dates of Visa Status</u>	<u>Purpose of Stay and Location (School or Institution)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Support from All Sources (for duration of UMMS appointment as indicated above)

Most UMMS positions have set minimum salary requirements that must be met in order to remain as a J-1 Exchange Visitor and/or to bring additional family members. For other visitors who will either not be receiving UMMS funding or who are in a position that does not have a minimum salary requirement, the figures below represent minimum financial support required per year. Documentation must be attached to the data sheet and may be in the form of an award letter from the sponsoring institution or agency, a bank statement showing personal funds, or any combination of these funding sources.

<u>If you are</u>	<u>Minimum funding required per year (US\$)</u>	
Single	\$30,000	
Married, no children	\$33,000	
Married, 1 child	\$35,000*	*Add \$1000 per year for each additional child
Single, 1 child	\$33,000*	

<u>Source of Support</u>	<u>Full Name</u>	<u>Amount in U.S. \$</u>	<u>Period</u> (year / appointment length)
University of Massachusetts (grants included)	_____	\$ _____	per _____
Exchange Visitors Government	_____	\$ _____	per _____
Other Organization (specify)	_____	\$ _____	per _____
Personal Funds	_____	\$ _____	per _____

Family Members

Will your family travel to the U.S.?

☐ No ☐ Yes, they will accompany me ☐ Yes, but they will arrive at a later date

Please complete the **Family Data Sheet** if your family members will be accompanying you or will enter the U.S. separately as dependents on your visa status. Only the spouse and children under age 21 are eligible for a dependent visa.

Health Insurance Information

Regular UMMS employees who are appointed for at least twenty (20) hours per week may be eligible for UMMS benefits, including UMMS-subsidized health insurance. To find out if you are eligible for UMMS benefits, contact the UMMS Benefits. If you are not eligible for UMMS-subsidized health insurance, you may be able to enroll in another health plan from an insurance company in the U.S. or bring health insurance from your home country, as long as it meets the requirements listed below.

As of July 1, 2007, all UMMS employees who are eligible for the UMMS insurance, but who opt not to partake in the plan, must sign a form at the UMMS Benefits Office to indicate that they are enrolled in another program. In addition, please note that as a non-U.S. citizen or U.S. Permanent Resident, you are not eligible for benefits through Mass Health (Massachusetts state aid).

Check one of the following as it applies to you and your family

- ☐ I plan to enroll in a UMMS-subsidized employee health plan.
- ☐ I plan to purchase another health plan from an insurance company in the U.S. and will submit a waiver form to the UMMS benefits office indicating such upon my arrival at UMMS.
- ☐ I plan to bring insurance from my home country and will submit a waiver form to the UMMS benefits office indicating such upon my arrival at UMMS.

Statement of Compliance with Exchange Visitor Health Insurance Requirements

Exchange Visitors are required, as a condition of their J-1 status, to carry health insurance for themselves and their accompanying family members in J-2 status for the duration of their stay in the United States. Failure to purchase such insurance may lead to termination of the Exchange Visitor Program. Minimum health insurance coverage must provide:

1. Medical benefits of at least \$50,000 per accident or illness
2. A deductible of not greater than \$500 per injury or illness.
3. Repatriation of remains in the amount of \$7,500
4. Medical evacuation in case of serious illness or accident in the amount of \$10,000

UMMS employee health plans meet all of the J-1 requirements. Other plans may or may not include the medical evacuation and repatriation. If necessary, this coverage can be obtained by purchasing additional coverage from another company. Please ask the ISSO for information about companies that provide this insurance. Health insurance coverage that is supported by the government of the Exchange Visitors home country is considered to meet the Department of State requirements.

Please review and sign the following statement

I understand that health insurance coverage for myself and my accompanying family members is mandatory for the duration of my J-1 Exchange Visitor program in the United States and I certify that I have the required insurance or will enroll in an insurance plan or combination of plans to meet the above requirements. I also understand that if I willfully fail to maintain the required insurance coverage for participation in the J-1 Exchange Visitor program, UMMS is obligated to terminate me from its Exchange Visitor Program and will notify the Department of State that I have been so terminated. Such action will result in my loss of legal immigration status in the United States.

Name (printed)

Signature

Date