

J-2 DEPENDENT REQUEST FORM

(201411)

DIRECTIONS: Current J-1 scholars who wish to add their dependents in J-2 status must complete this form and attach supporting documents. Please allow 10 business days for processing.

SECTION 1: J-1 PERSONAL INFORMATION

1. Passport Surname:		Passport Given & Middle Name:		2. SEVIS ID #:	
3. Current Residential Address:					
City:		State:		Zip Code:	
4. E-mail Address:			5. Telephone:		
6. UC San Diego Position Title:					

SECTION 2: DEPENDENT'S INFORMATION

7. Enter the information for each family member requesting J-2 status.

Passport Surname	Passport First Name	Passport Middle Name	Relationship (husband, son, etc.)	Email Address	Date of Birth (mm/dd/yy)	City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Residence

8. Date dependent expected to enter U.S. or file a Form I-539 for change of status (MM/DD/YYYY):

9. Is the dependent currently inside the U.S? ☐ Yes ☐ No

9a. If YES, please indicate the current immigration status: _____
(i.e. F-1 OPT/B-1/J-1, etc.)

NOTE: Please attach a photocopy of all current immigration documents including I-94 card, DS-2019, I-20, EAD card, and I-797 approval notices (if applicable).

9b. If YES, please check one:

i. ☐ The dependent will be leaving the U.S. and returning after obtaining a J-2 visa at the embassy or consulate.
Please give destination and travel dates: _____

ii. ☐ I am filing a Form I-539 for change of status inside the U.S.

NOTE: You must contact IFSO to set an appointment with an advisor for all change of status applications.

10. During the last two years, has the dependent ever been issued J-1 or J-2 status? ☐ Yes ☐ No

If Yes, please complete the following section. Begin with the most recent visa status and work backwards chronologically. Please submit copies of DS-2019s for time listed.

J Category Visa (see Box 4 of DS-2019)	Begin and End Dates in U.S. (i.e. Jan 1, 2005-Dec. 31, 2005)	Purpose of stay (student, scholar, researcher, etc.)	Sponsoring Institution or Agency

11. During the previous J status, was the dependent subject to the Two-Year Home Country Residence Requirement (212e)? ☐ Yes ☐ No

12. If Yes, did he/she receive a Department of State Waiver? If so, please submit a copy. ☐ Yes ☐ No

FORM C: HEALTH INSURANCE MEMORANDUM OF UNDERSTANDING BY PROSPECTIVE SCHOLAR

2016/03

Exchange Visitor Name: _____

- I understand that UC San Diego requires me and all of my J-2 dependent family members to have the following federally required minimum health insurance coverage throughout my stay:
 - ♦ Medical benefits of at least \$100,000 per accident or illness (any coinsurance required payment cannot exceed 25%)
 - ♦ Repatriation of remains in the amount of \$25,000
 - ♦ Medical evacuation expenses in the amount of \$50,000
 - ♦ Deductible not to exceed \$500 per accident or illness
 - ♦ Preexisting conditions must be covered, with an allowable waiting period not to exceed 12 months
 - ♦ If I purchase a non-UC San Diego sponsored insurance, the insurance corporation underwriting the policy must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government
- I understand that if I am employed by UC San Diego and enroll in a health insurance plan for employees, I must still purchase a supplemental policy for [medical evacuation and repatriation](#) that meets the requirements indicated above (see: postdoc appointments have insurance that meets this coverage), and that the University of California "CORE" Plan does NOT meet the J-1 coverage requirements
- I understand that if I am NOT employed by UC San Diego (earning a salary and benefits-eligible to enroll in a health insurance plan as an employee), I must either purchase a medical insurance plan through Garnett-Powers & Associates, Inc., or purchase an alternate plan that meets the minimum requirements as indicated above. **FAILURE TO DO SO CAN RESULT IN TERMINATION OF MY J-1 PROGRAM**
- I understand that if I become a Resident Alien for Tax Purposes, I will need to be enrolled in an "Affordable Care Act" (ACA)-compliant insurance plan, and that the Garnett-Powers IMG plan options for Visiting Scholars and alternative insurance plans designed solely for J exchange visitors are not ACA-compliant, but that the Garnett-Powers UnitedHealthcare plan option is ACA-compliant. Generally, a J visitor would need to be in the U.S. for more than one full year before they might become a Resident Alien for Tax Purposes. For more information, see: <http://ifso.ucsd.edu/living-in-sd/insurance/index.html>
- I understand that government regulations require the university to terminate my J-1 status if it is determined that I or my family members willfully fail to comply with health insurance requirements
- I have been informed about the health insurance requirements and the need to maintain the insurance for myself and all family members throughout my stay at UC San Diego.

To meet the J-1 insurance coverage requirements, I will **(please choose ONE of the following)**:

- ☐ enroll in a UC San Diego sponsored plan provided to me as an employee of UC San Diego—these plans are ACA-compliant. I will also purchase a supplemental medical evacuation and repatriation policy for myself and each dependent unless I am a postdoc, whose appointments have insurance with this coverage.
- ☐ purchase a Garnett-Powers & Associates plan (to enroll in one of the plans, follow the instructions at: <http://www.garnett-powers.com/academics/sd/enrollment.htm>)
- ☐ purchase coverage through an alternate plan that meets the requirements indicated above. I will have the policy reviewed and certified by Garnett-Powers & Associates (see the [Waiver Form](#) for instructions)

Signature: _____

Date: _____