

# Northwestern University Visiting Scholar Plan

Application

This form is to enroll in the Northwestern University Visiting Scholar Plan.

Revised 8/15

<b>Visitor Information</b>  <i>All fields are required</i>	Last Name		First Name			
	Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
	Citizenship		Visa Type			
	Local Address					
	Local City		State		Zip	
	Email Address			Local Phone		
<b>Dependent Information</b>	Will the scholar be bringing dependents? <input type="checkbox"/> Yes* <input type="checkbox"/> No					
	*If scholar will bring dependents, please complete and attach a Dependent Form. <b>Please note that J-2 dependents are required to have adequate health insurance while in the US.</b>					
<b>Appointment Information</b>	Title		Department			
	Appointment Start Date* (mm/dd/yyyy)		Appointment End Date (mm/dd/yyyy)			
	*If the scholar is delayed due to visa issues or other circumstances, please notify Risk Management as soon as possible. A revised application must be submitted for re-approval prior to arrival.		<input type="checkbox"/> New Appointment <input type="checkbox"/> Reappointment / Extension <input type="checkbox"/> Revision / Change of Dates			
<b>Plan Coverage Request</b>  <i>Plan coverage must be continuous for the entire length of stay</i>	Is the scholar is eligible for NU employee health benefits through Human Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	<b>Important note about employee benefits:</b> Employees with a date of hire on the second of the month or later must wait until <i>the first of the following month</i> for benefits to commence. Therefore, interim insurance is required. For employees hired on the first of the month, there is no delay in active coverage. Please submit a Waiver Request Form if the scholar will start on the first of the month and will not need temporary coverage upon arrival.					
	VSP Coverage Start Date (mm/dd/yyyy)			VSP Coverage End Date (mm/dd/yyyy)		
	<b>Non-Sponsored Chartstring</b>	Fund	Dept ID	Project	Activity	75720 Account
	<b>The rates are \$45 per week for single coverage and \$150 per week for family coverage.</b>					
<b>Department Contact</b>	Name		Phone			
	Email					
<b>Signature</b>					Date	
	<i>Dean, Director, Department Chair or Sponsoring Principal Investigator</i>					
<b>Instructions:</b> Fill in the above information and attach a Dependent Form, if applicable. Submit completed application to the Office of Risk Management at risk@northwestern.edu for review. Once the application has been approved, a signed copy will be returned to the department contact listed above. The requesting department is then responsible for submitting the approved form to the International Office to complete the visa process.						
<b>RM Use Only</b>					Date	