

Office of International Education International Students & Scholar Services Center for Community, Suite S355 123 UCB Boulder, Colorado 80309-0123, USA t +1 303 492 6016 t +1 303 492 8057 f +1 303 492 5185

w http://www.colorado.edu/oie/isss e adviser@colorado.edu

J-1 Exchange Visitor Information Form

<u>J-1 Exchange Visitor</u>: You must complete this form in its entirety and <u>attach a copy of your passport biodata page</u>.

If dependents will accompany you in J-2 status, also attach their passport biodata pages.

Submit this form, passport copies, and if applicable funding information to your University of Colorado, Boulder

host faculty member.

Yes—The name of my current institution is:

EXCHANGE VISITOR INFORMATION	
Last/ Family Name: (as listed in passport machine readable zone)	First/Given & Middle Name: (as listed in passport machine readable zone)
Date of Birth: Month/ Day / Year	Sex: Female Male
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence:
Occupation in Your Country of Residence: (e.g., Research/	Teaching Staff, Graduate Student, Government Employee)
Name of University/Organization/ Employer in Your Cour	ntry of Residence:
Address:	
Current Email Address:	Phone:
University of Colorado Host Department:	
University of Colorado Host Faculty:	

PREVIOUS J STATUS			
Have you visited the U.S. in J status with	in the last 24 months?		
□ No			
YesI am/was a J-1 Exchange Visi	itor		
J Program Category (see #4 on	DS-2019): Short-Term Scholar	Research Scholar or Professor	☐ Specialist ☐ Student Intern
J Program Start Date:	J Program End Date: _		
Are you currently in J-1 status?			
□ No			

My SEVIS ID Number is:			
The name of my International Scho	lar Advisor:		
The International Scholar Advisor	Email:	Phone:	
Please Indicate the Breakdown of	Your Current (non-CU-Bo	ulder) J Program Funding:	
Program Sponsor Funds: _		_ Binational Commission Amount:	
U.S. Government Organization:		_ Other Organization:	
International Organization:		_ Personal Funds:	

Exchange Visitor Government:

Have you obtained a waiver of the 212(e) two year home residence requirement for your current J program?
No Yes

NOTE: If you have obtained a 212(e) waiver approval, you no longer qualify for an extension or transfer of your current J program.

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Street Address

City/Town

Province/ State

3-11 UNDING INI ORMATION			
Federal regulations require Exchange \	. •		
program (including dependent expense	,	•	ecessary to cover living expenses is:
	ear / \$1845/month / \$60.66 /da		
 J-2 Spouse: \$11,076/ ye Each J-2 Child: \$10,572/ye 	ar / \$922/month / \$30.35 /da ar / \$881/month / \$28.97/ da	, ,	
•		,	.,
	ration is: years and/or _		•
J-1 visitor will be accompa	nied by: No dependents J-2	? Spouse J-2 Child #	J-2 Children
The total funds required to	participate in the J-1 program for th	e full duration noted above is: \$	
Please attach official documentation	ı of funding <u>on letterhead, in Englis</u>	<u>h,</u> and <u>dated within the last 6 montl</u>	<u>15</u> .
J-2 DEPENDENTS			
Will any dependent family members	 (spouse, child) accompany you in J	-2 status during your program?	
	plete the following section. Attach a co		ach accompanying J-2 dependent.
In requesting to bring a dependent	and with his/her receipt of the J-2 depe	endent visa, you are agreeing to the co	ondition of having each dependent's
•	on of your program or a dependent chil	•	•
•	rminate the dependent SEVIS record it	f credible evidence of one of the follow	ving events is submitted:
•	pendent is the student's spouse)		
DeathThe dependent regues:	ts termination of his/her SEVIS record		
·		lant upon arrival in the LLC to report	a danandant'a aarly danartura fram t
	immigration check-in for each depend e, and to help the J-2's maintain valid r		a dependent's early departure from the
Please type dependent(s)' information	on directly into this form as it annea	rs in the Machine Readable Zone of	your dependent(s)' passport and
attach a passport copy for each depe			
Additional J-2 Dependents sheet: http://	/www.colorado.edu/oie/node/1595/atta	chment/newest	
This information will be utilized to cre	eate a dependent SEVIS record and im	migration document. Your dependent	(s) will be responsible for
	t along with copies of your immigration		
Embassy visa interview. Documental (unmarried minor child under 21 year	tion may include official marriage certif	icate (spouse) and official birth certific	ate or valid adoption decree
(difficilities filling difficility for		Child 1	Child 2
amily Name from Decement	Spouse	Child I	Cilia 2
amily Name from Passport			+
irst & Middle Name from Passport			
Pate of Birth (mm/dd/yyyy)			
City of Birth			
Country of Birth			
Country of Citizenship			
Country of Legal Residence			
Sex	☐ Female ☐ Male	☐ Female ☐ Male	☐ Female ☐ Male
mail Address			
EMEDOENCY CONTACT INCODMATI	DN .		
EMERGENCY CONTACT INFORMATION	JN		
ease enter emergency contact inform	nation below. Contact does not have	to be in the U.S. and does not have	e to speak English.
☐Mr. ☐Ms.		☐Speaks Engli	sh Speaks
First Name	Last Name		on
Relationship to You: Parent Spo	ouse Other:		
Home/Cell Phone:	Work Phone:		
		LIIIdii.	-
Address:			

Country

Postal Code

J INSURANCE REQUIREMENT

According to immigration regulations (22 CFR S62.14), J-1 Exchange Visitors and accompanying J-2 dependents are required to maintain comprehensive medical insurance with evacuation and repatriation coverage that meets U.S. government minimum requirements beginning on the start date of the J-1 program (indicated in item 3 of the DS-2019) continuing to the end of the J-1 program. There cannot be any breaks or lapses in insurance coverage even if one travels outside the U.S for an extended period of time during the J program.

ISSS must terminate the SEVIS record of an exchange visitor who: 1) does not provide ISSS with a valid *Insurance Compliance Form* by the start of the CU-Boulder J program; and 2) does not submit an updated *Insurance Compliance Form* when the previously reported insurance expires or s/he seeks to extend the J-1 program.

The willful failure to carry the required insurance for yourself and, if applicable, your dependents, or material misrepresentation of insurance coverage will result in the termination of your J program and legal status in the U.S.

Comprehensive Insurance Minimum Requirements Valid Until May 14, 2015:

The J insurance coverage must provide the following minimum coverage:

- Minimum medical benefit of \$50,000 per person per accident or illness
- Deductible that does not exceed \$500 per accident or illness
- Minimum repatriation of remains in the amount of \$7,500
- Minimum medical evacuation expenses in the amount of \$10,000
- Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness

The company providing the insurance must have:

- An A.M. Best rating of "A-" or above
- An Insurance Solvency International, Ltd. (ISI) rating of "A-1" or above
- A Standard & Poor's Claims-paying Ability rating of "A-" or above
- A Weiss Research, Inc., rating of B+ or above; or
- Be backed by the full faith and credit of the exchange visitor's home country

Comprehensive Insurance Minimum Requirements Starting May 15, 2015:

The J insurance coverage must provide the following minimum coverage:

- Minimum medical benefit of \$100,000 per person per accident or illness;
- Deductible that does not exceed \$500 per accident or illness;
- Minimum repatriation of remains in the amount of \$25,000;
- Minimum medical evacuation expenses in the amount of \$50,000; and
- Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.

Insurance policies:

- May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards; and
- Must not unreasonably exclude coverage for the perils inherent to the activities of the exchange program in which you participate.

Any policy, plan, or contract secured to fill the J insurance requirements must at minimum be:

- Underwritten by an insurance corporation having:
 - o An A.M. Best rating of "A-" or above; or
 - A McGraw Hill Financial/Standard & Poor Claims-paying Ability rating of "A-" or above; or
 - o A Weiss Research, Inc. rating of "B+" or above; or
 - o A Fitch Ratings, Inc. rating of "A-" or above; or
 - o A Moody's Investor Services rating of "A3" or above; or
- Be backed by the full faith and credit of the exchange visitor's home country; or
- Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
- Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medial Plan as determined by the Centers of Medicare and Medicaid Services of the U.S. Department of Health and Human Services

If you will not be a paid CU-Boulder employee enrolled in CU insurance, you must obtain your own private insurance that meets the minimum requirements outlined above. A list of insurance companies is available online:

http://www.colorado.edu/oie/node/1315/attachment/newest. It is not a comprehensive list. Be sure to thoroughly investigate insurance options.

If you will be paid a salary from CU-Boulder, you may be eligible for medical insurance coverage through CU-Boulder depending upon the terms of your appointment. Please check with your hiring department to verify your eligibility.

If you are eligible for CU insurance, please be aware of the following:

- 1. CU-Insurance plan information is online at: https://www.cu.edu/employee-services/benefits/faculty-benefits
- 2. If your employment start date is the first of the month, your CU insurance will start on that same day.
 - e.g., If your start date is Nov 1st, CU insurance coverage will start on Nov 1st
- 3. If your employment start date is NOT the first of the month, CU insurance will only start the first of the following month.
 - e.g., If your start date is Nov 2 30, CU insurance will start on December 1st.
 - If this scenario applies to you, you must purchase private insurance to meet the J-1 insurance requirement for the first month that you are employed.

- 4. Not all CU insurance plans will meet the U.S. Government's insurance requirements. <u>NONE</u> of the CU Insurance plans include evacuation/repatriation insurance. *You must therefore buy private insurance for evacuation/repatriation* for the duration of your J-1 program which will be separate from your CU medical insurance plan.
- 5. You must enroll in University insurance within 30 days of starting your employment with CU-Boulder.
- 6. The CU health insurance coverage ends on June 30 every year. In early May you will receive information about "Open Enrollment" for medical insurance and other benefits for the period of time beginning July 1. You <u>must re-enroll</u> by the Open Enrollment deadline in order to continue to have health insurance coverage.

Insurance coverage must be in effect from the start of your J program to the end of your J program. If you do not submit your insurance information at the time of requesting a DS-2019, you must submit a completed Insurance Compliance Form at your Immigration Check-In. CU-Program Start Date: CU-Program End Date: Are you on the CU-Boulder payroll and eligible for insurance benefits? No Yes (check all that apply) are reporting a temporary insurance policy until my CU health insurance coverage starts. will enroll in CU health insurance— Exclusive (HMO) Kaiser (EPO) EVACUATION & REPATRIATION COVERAGE: The policy indicated below will cover (check all that apply): Me, the J-1 primary Ald of my J-2 dependents insurance Company Name: Company Phone: Company Phone: Insurance End Date: Month/ Day/ Year MEDICAL/HEALTH INSURANCE COVERAGE: The policy indicated below will cover (check all that apply): Me, the J-1 primary All of my J-2 dependents insurance Company Name: Company Phone: Company Name: Company Name: Company Phone: Company Phone: Company Phone: Company Phone: Month/ Day/ Year ATTESTATION—Include an original signature Loertify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my J-2 dependent(s)', insurance coverage meets the U.S. Department of States' requirements as outlined in 22 CFR S62.14. • I understand it is my responsibility to provide proof of continuous insurance coverage to ISSS throughout my J program. • I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, the University of Colorado will terminate my J program which will result in my loss of my legal J-1 immigration status and the J-2 status of any dependents accompanying me. • I understand that	INSURANCE COMPLIANCE INFORMATION
Are you on the CU-Boulder payroll and eligible for insurance benefits? No Yes (check all that apply) — am reporting a temporary insurance policy until my CU health insurance coverage starts. will enroll in CU health insurance. Exclusive (HMO) Kaiser (EPO) Kaiser (EPO)	
No Yes (check all that apply) — am reporting a temporary insurance policy until my CU health insurance coverage starts. will enroll in CU health insurance. Exclusive (HMO) Kaiser (EPO) will not be enrolling in CU health insurance. EVACUATION & REPATRIATION COVERAGE: The policy indicated below will cover (check all that apply): Me, the J-1 primary All of my J-2 dependents Insurance Company Name: Company Phone: Company Email: Insurance Start Date: Month/ Day/ Year Insurance End Date: Month/ Day/ Year Mebical Hast apply): Me, the J-1 primary All of my J-2 dependents Insurance Company Name: Company Email: Insurance Company Name: Company Name: Company Name: Company Phone: Company Name: Company Phone: Company Name: Company Phone: Company Email: Insurance Start Date: Month/ Day/ Year Insurance End Date: Month/ Day/ Year Insurance End Date: Lordify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my J-2 dependent(s)', insurance coverage meets the U.S. Department of States' requirements as outlined in 22 CFR S62.14. Lorderstand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, the University of Colorado will terminate my J program which will result in my loss of my legal J-1 immigration status and the J-2 status of any dependents accompanying me. Lunderstand that I may also be subject to the requirements of the Affordable Care Act (ACA) and, if so, will purchase insurance that meets	U-Program Start Date: CU-Program End Date:
The policy indicated below will cover (check all that apply): Me, the J-1 primary All of my J-2 dependents Insurance Company Name: Company Address: Insurance End Date: Month/ Day/ Year	 No Yes (check all that apply) —I ☐ am reporting a temporary insurance policy until my CU health insurance coverage starts. ☐ will enroll in CU health insurance—☐ Exclusive (HMO)
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Company Phone:	surance Company Name:
Insurance Start Date: Insurance End Date: Month/ Day/ Year	ompany Address:
MEDICAL/HEALTH INSURANCE COVERAGE: The policy indicated below will cover (check all that apply): Me, the J-1 primary All of my J-2 dependents Insurance Company Name: Company Address: Company Phone: Insurance Start Date: Month/ Day/ Year Insurance End Date: Month/ Day/ Year Insurance Start Date: Month/ Day/ Year ATTESTATION—Include an original signature I certify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my J-2 dependent(s)', insurance coverage meets the U.S. Department of States' requirements as outlined in 22 CFR S62.14. I understand it is my responsibility to provide proof of continuous insurance coverage to ISSS throughout my J program. I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, the University of Colorado will terminate my J program which will result in my loss of my legal J-1 immigration status and the J-2 status of any dependents accompanying me. I understand that I may also be subject to the requirements of the Affordable Care Act (ACA) and, if so, will purchase insurance that meets	ompany Phone: Company Email:
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SUMMARY OF J EXCHANGE VISITOR RULES

Signature:

MAINTAIN MEDICAL, EVACUATION, AND REPATRIATION INSURANCE

The J Exchange Visitor program requires all participants (J-1 and J-2) to have comprehensive medical, evacuation, and repatriation insurance that meets the requirements set by the U.S. Department of State in the J regulations (22 CFR S62.14). The coverage must be in effect from the start of the J program and continue for the duration of the J program. The willful failure to carry the required insurance for yourself and, if applicable, your dependents, or material misrepresentation of insurance coverage will result in the termination of your J program and legal status in the U.S.

Information about the insurance requirements is online at: http://www.colorado.edu/oie/node/1059/attachment/newest.

Date: _____

REPORT U.S. RESIDENCE, MAILING ADDRESS, PHONE NUMBER, EMAIL, NAME, AND SITE OF WORK ACTIVITY CHANGES IN 10 DAYS

J regulations require exchange visitors to report any changes in personal information (address, phone number, email, name, site of activity) to ISSS (adviser@colorado.edu) within 10 days of the change. The address reported should be your physical residence. If you cannot receive mail at your residence, you must also report your mailing address. If you are on CU payroll, you must inform your department Payroll Liaison of your new address. If your office location or the site of your activity (e.g., research, teaching) changes, you must report the new site.

OBTAIN A TRAVEL SIGNATURE FROM AN ISSS ADVISOR PRIOR TO TRAVELING OUTSIDE THE U.S. DURING YOUR J PROGRAM

If you will travel outside the U.S. and need to re-enter in J status during your program, you must obtain a travel signature from an ISSS advisor prior to departing the U.S. J-2 dependents traveling outside the U.S. also require a travel signature for re-entry. A travel signature is valid for one year or the duration of the J program, whichever is shorter. Additional information about travel is online at: http://www.colorado.edu/oie/node/1359/attachment/newest.

REPORT ANY TRAVEL WHERE YOU WILL SPEND MORE THAN 30 DAYS OUTSIDE THE COUNTRY

If during your J program you will be outside the U.S. for more than 30 days, you must submit the *J-1 Scholar Temporary Absence Form* (http://www.colorado.edu/oie/node/1169/attachment/newest) to ISSS. If you are not currently on CU payroll or will be removed form payroll during the absence, you must also submit a letter from you host faculty member that indicates why the J-1 program should be kept active during the absence and how the collaboration with CU-Boulder and J-1 program goals will continue to be pursued while you are outside the U.S.

INCIDENTAL EMPLOYMENT OUTSIDE CU-BOULDER (research scholars, professors, & short-term scholars only)

The J Research Scholar, Professor, and Short-Term Scholar categories allow CU-Boulder J-1 visitors, with prior ISSS authorization, to participate in occasional lectures or short-term consultations as part of their J-1 program. The employment opportunity should be as an independent contractor; directly related and incidental to the objectives on the J program; not delay J program completion and must be recorded in SEVIS by ISSS. In order to obtain authorization, a J-1 visitor must submit the *Request Form* (http://www.colorado.edu/oie/node/721/attachment/newest) and the job offer letter to ISSS at least 5 business days prior to the employment start date.

EXTENSION OF YOUR CURRENT CU-BOULDER J PROGRAM

If your host department would like to extend your J program within the maximum participation period for the J category, the host faculty member must submit the *Department DS-2019 Request for a J Exchange Visitor Form* (http://www.colorado.edu/oie/node/1349/attachment/newest) to ISSS along with official financial support documentation at least two weeks prior to the expiration of your DS-2019. If your department will not provide sufficient funding for the extension period, you must submit personal bank statements or funding documentation on official letterhead.

TRANSFERING YOUR J SEVIS RECORD TO ANOTHER INSTITUTION

If you will transfer to another J program, you must submit the *J-1 Program: Completion, Early Completion, or Transfer Form* to ISSS prior to the end of your current J program (http://www.colorado.edu/oie/node/723/attachment/newest). ISSS will release your SEVIS record to the new institution. You must have a seamless transition with no gaps from the CU-Boulder program to the new program.

COMPLETING J PROGRAM: ON TIME OR EARLY COMPLETION/TERMINATION

You must submit the *J-1 Program: Completion, Early Completion, or Transfer Form* (http://www.colorado.edu/oie/node/723/attachment/newest) at the end of your program to report that you are completing your program as indicated on the DS-2019 or earlier than your DS-2019 end date. ISSS must update this information in your SEVIS record. You must also report if your J-2 dependents are departing the U.S. prior to your DS-2019 end date and will not be returning in J-2 status. You have a 30 day grace period to exit the U.S. following your actual J program completion date. This time is intended for you to prepare to depart the U.S. You cannot exit and re-enter the U.S. related to your current J program during your grace period.

ATTESTATION —Include an original signature

I understand that it is my responsibility to abide by the J regulations in order to maintain status including reporting certain information to ISSS as outlined above. Failure to uphold the J regulations may result in the termination of my J program and status and, if applicable, my J-2 dependents. By signing below I attest that I have read the J regulation information and understand my obligation to comply with the J regulations (22 CFR S62).

Printed Name	Signature	Date