



Office of International Education
 International Students & Scholar Services
 Study Abroad Programs
 Campus International Center
 Center for Community, Suite S355
 123 UCB
 Boulder, Colorado 80309-0123, USA

t +1 303 492 6016
 t +1 303 492 8057
 t +1 303 492 7741
 f +1 303 492 5185
 w <http://www.colorado.edu/oie>

INFORMATION ABOUT THE J-1 EXCHANGE VISITOR COMING TO CU BOULDER FOR AN INITIAL J-1 PROGRAM, OR FOR AN EXTENSION OF AN EXISTING J-1 PROGRAM. (to be completed by visitor)

If you will be coming to CU for a period of research/teaching, and will be hosted by a CU professor for the J-1 visa, you must complete this form and submit it to your University of Colorado host faculty sponsor.

****YOU MUST ATTACH A COPY OF YOUR PASSPORT BIODATA PAGE TO THIS REQUEST FORM.****

Family Name _____ First Name _____ Middle Name: _____
 (as listed in the passport)

Male Email: _____ Date of Birth (mo/day/yr) _____
 Female

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Country of Legal Permanent Residence _____ Occupation _____

Highest Degree Level: Bachelor's Degree Master's Degree Ph.D.

Name of your Institution/Organization which you are affiliated with:

Name of your University of Colorado host faculty sponsor: _____

Email of your host CU faculty sponsor: _____ Phone no: _____

Name of the Department where you will be doing research/teaching: _____

ANY PREVIOUS TIME IN J VISA STATUS:

Have you had any prior visits to the U.S. in J status in the last 24 months? Yes No

***If yes, please attach photocopies of your previous DS2019s.**

If currently in J-1 status at another institution, please provide:

Your current SEVIS ID number: _____ Name of your International Scholar Adviser: _____

Email address of your International Scholar Adviser: _____ Phone no: _____

If currently in J-1 status, have you obtained a waiver of the 2 year home residency requirement? * Yes No

(*If you have a waiver approval, please note you no longer qualify for an extension of your current J-1 program.)

DEPENDENT FAMILY MEMBERS INFORMATION:

Are you bringing any dependent family members with you? Yes No

If yes, and they will get J-2 visas, please provide their information and **ATTACH COPIES OF THEIR PASSPORT BIODATA PAGES.**

<u>NAME (Family, First, Middle)</u>	<u>RELATIONSHIP TO SCHOLAR (e.g. wife, husband, son, or daughter)</u>	<u>DATE OF BIRTH (Mo/Day/Yr)</u>	<u>CITY & COUNTRY OF BIRTH</u>	<u>COUNTRY OF LEGAL PERMANENT RESIDENCE</u>	<u>COUNTRY OF CITIZENSHIP</u>

I understand that if I enter the U.S. on a J-1 visa, I will have to comply with the J visa regulations, including having medical/health/evacuation/repatriation insurance coverage for myself and my dependents. I understand that failure to comply will mean a termination of my J1 visa program. I certify that the information provided above is true and accurate.

 Signature

 Date



For New/Transfer requests: please ensure the J1 visitor has completed this form when they arrive at ISSS. Their J1 program will not be validated without a completed insurance compliance form.
For J1 extension requests: please include this completed form when you submit your request to extend J status. The J1 program will not be extended without a completed insurance compliance form.

INSURANCE COMPLIANCE FORM FOR J1 VISITORS and J2 DEPENDENTS

Last Name of J1 Visitor: _____ First Name: _____ Date of Birth: _____

Dependent Name/s: _____

The following information regarding the J program insurance requirements, as defined by the U.S. Department of State, must be read, signed, and returned to ISSS in order to validate or extend J1/J2 status.

GENERAL INSURANCE REQUIREMENTS

As an Exchange Visitor in the United States, under a rule effective September 1, 1994, you must carry health/repatriation/evacuation insurance for yourself and your J2 dependents for the full duration of your J program. **Government regulations stipulate that if, after your J program start date, you willfully fail to carry the required insurance for yourself and your dependents, or make a material misrepresentation to the sponsor concerning such coverage, your J1 sponsor must terminate your program, and report the termination to the United States Department of State.**

<p>The J insurance coverage must provide the following minimum coverage:</p> <ul style="list-style-type: none"> • 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 J1 not to exceed 25% of covered benefits per accident or illness 	<p>The company providing the insurance must have:</p> <ul style="list-style-type: none"> • 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
--	---

Please note: ISSS does not have the expertise to evaluate individual insurance policies. The J1 Exchange Visitor must check with her/his insurance provider to verify the policy meets the minimum insurance requirements set by the U.S. Department of State.

MEDICAL INSURANCE INFORMATION:

Insurance Company Name: _____

Dates of Coverage: _____

Address: _____

Phone: _____

Policy Number: _____

Email: _____

EVACUATION/REPATRIATION COVERAGE:

Insurance Company Name: _____

Dates of Coverage: _____

Address: _____

Phone: _____

Policy Number: _____

Email: _____

I certify under penalty of perjury the above information is true and correct. I confirm my/our insurance coverage meets the U.S. Department of States' requirements as outlined above. I understand it is **my responsibility** to provide proof of continuous coverage to ISSS. **I understand that if I fail to obtain and maintain adequate medical/repatriation/and evacuation insurance for myself and my J2 dependents (if applicable) for the duration of the J program, the University of Colorado is obliged to terminate my J program and will notify the US Department of State of the termination. Such action will result in my loss of legal immigration status.**

J-1 Exchange Visitor's Signature

Date



University of Colorado
Boulder

Emergency Contact Information Form

ISSS would like to know who to contact on your behalf in case of an emergency. This emergency contact does not necessarily have to be a person in the United States, nor does it have to be someone residing at your permanent address. We are mostly concerned that the person you list here is someone we can reach promptly in case of an emergency.

Your Name: _____

Name of Contact Person(s) to notify in case of emergency: _____

Relationship to you: _____

Contact Person's phone number, including country and city codes:

(home) _____

(work/cell) _____

Contact Person's address:

Contact Person's e-mail address: _____