



Exchange Visitor (Scholar): DS-2019 Extension Request

Exchange Visitor (EV) Information

SUBMIT a COPY of your CURRENT PASSPORT and CV/RESUME with your complete DS-2019 Extension Request.

LAST / FAMILY NAME

First/Given Name & Middle Name

Email: _____

Enter your complete mailing address for the DS-2019 and a phone number you can be reached at if there are issues with the DS-2019 delivery:

Street Number and Name: _____ Apt ☐ Ste ☐ Flr ☐ Unit ☐ Number: _____

City/Town: _____ State: _____ Province: _____

Postal Code: _____ Country: _____

Phone Number: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Has your name, country of citizenship, or country of permanent residence changed since your last DS-2019 was issued?

☐ No ☐ Yes – *Please attach documentation (e.g., permanent residence card, court paperwork).*

Are you subject to the 212(e), the two-year home country physical presence requirement?

☐ No

☐ Yes—Have you applied for a waiver of the 212(e)? ☐ No ☐ Yes –*Please attach documentation.*

The waiver application is: ☐ Pending ☐ Denied ☐ Approved

Have you filed an I-485 Application to Register Permanent Residence or Adjust Status? ☐ No ☐ Yes

Are you traveling within the next 30 days and need a travel signature on your DS-2019(s)?

☐ No

☐ Yes—Will you be outside of the U.S. for more than 30 days?

☐ No

☐ Yes—Please complete our [Out of Country Request Form](#) in conjunction with your faculty sponsor/supervisor before your departure. ISSS must mark your absence from the U.S. in the SEVIS system. ISSS will sign your DS-2019 for travel as soon as we receive this form.

Please review our [travel handout](#) and [visa renewal](#) information.

Dependents (J-2 Status)

Do you currently have dependents in J-2 status with you for your exchange visitor program?

☐ Yes-- _____ (# of dependents)

Enter names of dependents in J-2 status:

Would you like any dependents removed from your exchange visitor program for your extension period?

☐ No

☐ Yes—Enter name(s) and date(s) of birth. Attach documentation of divorce/death/dependent's request for removal:

Would you like to add dependents to your exchange visitor program for the extension period?

☐ No

☐ Yes—Please complete and attach the [Additional Dependents Form](#) along with dependents' passport copy.

Funding Information for the Extension Period

Federal regulations require exchange visitor programs to verify that an exchange visitor has sufficient funding to cover expenses for the duration of the exchange visitor program (including dependent expenses if applicable).

CU Boulder estimates the minimum amount of funding necessary to cover living expenses is:

- Exchange Visitor (J-1 status): \$22,140/ year / \$1845 /month

Dependent funding is in addition to the required exchange visitor (J-1 status) funding:

- Spouse (J-2 status): \$11,076/ year / \$923/ month
- Each Child (J-2 status): \$10,572/ year / \$881/ month

Exchange Visitor Program Expenses:

Current DS-2019 End Date: _____ Extended CU Boulder Program End Date: _____

CU Boulder program extension duration is: _____ years and/or _____ months and/or _____ days

The total amount of funds required to participate in the exchange visitor program for the **extension period** noted above (including dependent expenses if applicable) is:

\$ _____

Funding Sources:

CU Boulder

\$ _____ (Department must submit a copy of the offer letter and any addendums, if applicable)

Home Government Funding

Complete this section if you are receiving funding from your government:

Amount of Home Government Funding for Entire J Program	Required Documentation of Home Government Funding
\$ _____	Attach documentation of funding on official letterhead (with English translation if applicable). Letter should indicate organization, amount of funding, and dates during which the funding is provided. The letter must be on official letterhead, include dates of award/funding and an authorizing signature.

U.S. Government Agency Funding

Complete this section if you are receiving funding from a U.S. government agency:

Indicate Name of U.S. Government Agency	Amount of Funding for Entire EV Program	Required Documentation of U.S. Government Funding
1. _____ 2. _____	1. \$ _____ 2. \$ _____	Attach documentation of U.S. government agency funding on official letterhead. Letter should indicate organization, amount of funding, and dates during which the funding is provided. The letter must be on official letterhead, include dates of award/funding and an authorizing signature.

Other Organization Funding

Complete this section if you are receiving funding from other organizations:

Indicate Name of Other Organization(s)	Amount of Funding for Entire EV Program	Required Documentation of Other Organization Funding
1. _____ 2. _____	1. \$ _____ 2. \$ _____	Attach documentation of funding on organization letterhead (with English translation if applicable). Letter should indicate organization, amount of funding, and dates during which the funding is provided. The letter must be on official letterhead, include dates of award/funding and an authorizing signature.

Personal Funding

Complete this section if you are funding your J program with personal funds:

Indicate Type of Personal Funds	Amount of Funding for Entire EV Program	Required Documentation of Personal Funding
1. EV's Personal Funds	1. \$ _____	Attach official documentation (with English translation if applicable). <u>EV Personal Funds</u> : Official bank letter on letterhead indicating the EV's account balance (in U.S. dollars) or an amount of money in excess of that which is required for the EV program.
2. Sponsor	2. \$ _____	<u>Funds from Sponsor</u> : Letter from sponsor or <u>Affidavit of Support</u> indicating amount (in U.S. dollars) and duration of sponsorship along with official bank letter indicating account balance or an amount of money in excess of that which is required for the sponsorship.
3. Sabbatical Leave	3. \$ _____	<u>Sabbatical Leave Funds</u> : Official University letter on letterhead indicating details of sabbatical pay and duration of the payments

Other Funding

Complete this section if you are funding your J program with any other type of funding:

Indicate Type/Name of Funding Source	Amount of Funding for Entire EV Program	Documentation Required
1. _____ 2. _____	1. \$ _____ 2. \$ _____	Attach documentation of funding on organization letterhead (with English translation if applicable). Letter should indicate organization, amount of funding, and dates during which the funding is provided. The letter must be on official letterhead, include dates of award/funding and an authorizing signature.

Insurance Requirement

According to immigration regulations (22 CFR S62.14), exchange visitors and accompanying dependents in J-2 status 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 exchange visitor program (indicated in item 3 of the DS-2019) continuing to the end of the exchange visitor 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 exchange visitor 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 exchange visitor program; and 2) does not submit an updated *Insurance Compliance Form* when the previously reported insurance expires or s/he seeks to extend the exchange visitor 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 exchange visitor program, J-1 SEVIS record and legal status in the U.S.

<p>The insurance coverage must provide the following minimum coverage:</p> <ul style="list-style-type: none"> • 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. <p>Insurance policies:</p> <ul style="list-style-type: none"> • 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. 	<p>Any policy, plan, or contract secured to fill the insurance requirements must at minimum be:</p> <ul style="list-style-type: none"> • Underwritten by an insurance corporation having: <ul style="list-style-type: none"> ○ 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 ○ A Weiss Research, Inc. rating of "B+" or above; or ○ A Fitch Ratings, Inc. rating of "A-" or above; or ○ 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 Medical 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.

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

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

1. CU health insurance plan information is available on the University of Colorado "[Employee Services](#)" website.
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 August 1st, CU insurance coverage will start on August 1st
3. If your employment start date is NOT the first of the month, CU insurance will only start the first day of the following month.
 - e.g., If your start date is August 2–30, CU insurance will start on September 1st.
4. ***If this scenario applies to you, you must purchase private insurance to meet the exchange visitor insurance requirement for the first month that you are on your exchange visitor program at CU Boulder. NONE of the CU Insurance plans include evacuation or repatriation coverage. You must therefore buy private insurance for evacuation and repatriation for the duration of your exchange visitor program.***
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. Be sure to review the benefit options and take any necessary steps by the Open Enrollment deadline in order to continue to have health insurance coverage.

Insurance Compliance Information

Insurance coverage for you and any accompanying dependents in J-2 status must be in effect from the start of your exchange visitor program to the end of your exchange visitor program including all extension periods. The coverage must be continuous with no breaks or lapses in coverage. You must submit insurance for the extension period at the time of requesting a DS-2019 extension.

ISSS does not have the expertise to evaluate individual insurance policies. Exchange visitors are responsible for verifying with the insurance provider that the policy meets the minimum insurance requirements established by the U.S. Department of State in 22 CFR S62.14. If necessary, you may show this form to your insurance provider in order to verify sufficient insurance coverage.

The policy information below covers:

- ☐ Me
- ☐ Me and the following dependents in J-2 status:

-
- ☐ Me—My dependents in J-2 status have different insurance.

You must attach your dependents' insurance information entered on the [Insurance Compliance Form](#).

Evacuation & Repatriation Coverage:

Insurance Company Name:

Company Address:

Company Phone: _____ Company Email: _____

Insurance Start Date: _____ Insurance End Date: _____
Month/ Day/ Year Month/ Day/ Year

International Student & Scholar Services | Center for Community, S355 | Boulder, Colorado 80309-0123

Phone 303.492.8057 | Fax 303.492.5185 | ISSS@colorado.edu

Medical /Health Insurance Coverage:

Insurance Company Name:

Company Address:

Company Phone: _____ Company Email: _____

Insurance Start Date: _____ Insurance End Date: _____
Month/ Day/ Year Month/ Day/ Year

Insurance Attestation

I certify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my 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 exchange visitor program.
- I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my dependents (if applicable) for the duration of the exchange visitor program, the University of Colorado, Boulder will terminate my J program which will result in my loss of my legal J-1 immigration status and the status of any dependents accompanying me in J-2 status.
- 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 the requirements set forth in the ACA legislature in addition to the requirements established in 22 CFR S62.14.

Signature

Date

U.S. Tax Obligation

As part of annual tax reporting, all "*nonresident aliens*" including nonresident dependents, regardless of age and whether or not they received income in the U.S, must file the [Federal Form 8843](#) to report their presence in the U.S. if they were:

- In the U.S. during the calendar year prior to the tax deadline
- In F-1, F-2, J-1, J-2, M-1, M-2, Q-1, or Q-2 visa status

"Nonresident aliens" who earned or received U.S.-based income in the U.S. including dependents in J-2 status with work authorization may be required to file additional federal and state tax forms. Tax documentation must be postmarked by April 15 every year for the previous year's income or exemption.

ISSS does not offer tax advice. If you have questions, please consult a tax specialist.

212(e): Two Year Home Country Physical Presence Requirement

An exchange visitor can become subject to the two-year home residency requirement, if:

- The exchange visitor's participation in the exchange visitor program was financed, directly or indirectly, by funds from the U.S. or a foreign government for the purpose of participating in the exchange;
- The "home" country has included the field that the exchange visitor's program is in is on the [State Department Exchange Visitor Skills List](#)
- The exchange visitor is coming to the U.S. to receive "graduate medical education or training."

The U.S. consulate typically marks whether a J exchange visitor is subject to 212 (e) on the lower left corner of the DS-2019 and the bottom of the J visa.

An exchange visitor who falls into one of these groups will continue to be subject, even if funding or field of study changes. If the principal J-1 exchange visitor is subject to the two-year residence requirement, all dependents who enter the U.S. in J-2 status are subject to it as well.

Exchange visitors who are subject to the two-year home country residence requirement must "reside and be physically present" in their "home" country for an aggregate of two years before being eligible for certain immigration benefits. While subject to 212(e), exchange visitors are ineligible for the following benefits:

- They are not eligible for an immigrant visa or for adjustment of status to lawful permanent resident (immigrant/green card) status;
- They are not eligible for an H visa (temporary workers and dependents), or an L visa (intracompany transferees and dependents);
- They are not eligible to change their nonimmigrant status within the United States from J to any other nonimmigrant category except A (diplomatic) and G (international organization) statuses.

An exchange visitor subject to the two-year home residency requirement who later obtains citizenship or legal permanent residence in a third country is still subject to the requirement, and can only comply with it in the country of citizenship or legal permanent residence that was the basis for becoming subject. If you are granted a waiver of 212(e), you are not eligible to extend or transfer your exchange visitor program. Information about applying for a waiver of 212(e) is on the [U.S. Department of State website](#).

CU Benefits Summary

For detailed benefits eligibility information based on job code, please review the [Benefits Eligibility Matrix](#). You can also speak with your hosting department payroll liaison if you have questions about the benefits/services available to you. If you are on CU Boulder payroll, please be aware that you may be subject to payroll deductions based upon whether or not you enroll in a benefit/service.

Exchange Visitor Attestation

I have read through the information contained in this document and agree to the terms and conditions of this exchange visitor program. I understand that it is my responsibility to continue to abide by the exchange visitor regulations in order to maintain status including reporting certain information to ISSS as outlined in the J regulations. Failure to uphold the regulations may result in the termination of my exchange visitor program and J-1 status and, if applicable, my dependent(s)' J-2 status. By signing below, I attest that I have read and agree to the terms of my CU Boulder exchange visitor program and understand my obligation to comply with the J regulations (22 CFR S62).

Name: _____ Signature: _____ Date: _____