International Student & Scholar Services
UNIVERSITY OF COLORADO **BOULDER**

J-1 Scholar DS-2019 Information Form

J-1 Exchange Visitor: Submit this form, passport copies, and if applicable funding information to your University of Colorado, Boulder host faculty member/department.

PROSPECTIVE EXCHANGE VISITOR INFORMATION

Required: Copy of your passport biodata page.

Name (as listed in the machine readable zone of the passport):

_____
LAST/FAMILY NAME First/Given & Middle Name

Your Current Email Address: _____ Phone Number: _____

Date of Birth: _____ Sex: ☐ Female ☐ Male
Month/ Day/ Year

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)

Are you a licensed medical doctor/physician? ☐ No ☐ Yes

Name of University/Organization/ Employer in Your Country of Residence: _____

Address: _____

University of Colorado, Boulder Host Department: _____

University of Colorado, Boulder Host Faculty Member's Name: _____

PREVIOUS J STATUS

Have you visited the U.S. in J status within the last 24 months?

☐ No—please continue to funding section.

☐ Yes—please complete the following section regarding your previous or current J status.

Were you or are you currently participating in a J program as a ☐ J-1 Exchange Visitor ☐ J-2 Dependent

J Program Category: ☐ Short-Term Scholar ☐ Research Scholar ☐ Professor ☐ Specialist ☐ Student Intern

☐ Other: _____

Start Date of J Program on DS-2019: _____ End Date of J Program on DS-2019: _____

Are you currently in J-1 status as a short-term scholar, research scholar, professor, specialist or student intern? ☐ No ☐ Yes

The name of my current U.S. institution is: _____

My SEVIS ID Number is: _____

My J program subject/field code is (item 4 on your DS-2019): _____

My J program subject/field code remark is (item 4 on your DS-2019): _____

International Scholar Advisor/Office Email: _____ Phone: _____

In order to facilitate the transfer of your SEVIS record to CU-Boulder, you must complete the *J-1 Scholar Transfer-In Form*.

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.

J-1 FUNDING INFORMATION

Federal regulations require EV programs to verify that a J-1 visitor has sufficient funding to cover expenses for the duration of the J-1 program (including dependent expenses if applicable). The University estimates the minimum amount of funding necessary to cover living expenses is:

- J-1 Visitor: $22,140/ year / $1845 /month
- J-2 Spouse: $11,076/ year / $923/ month (in addition to J-1 visitor funding)
- Each J-2 Child: $10,572/ year / $881/ month (in addition to J-1 visitor and if applicable spouse funding)

CU-Boulder J-1 program duration is: _____ years and/or _____ months and/or _____ days

J-1 visitor will be accompanied by: ☐ No dependents ☐ J-2 Spouse ☐ J-2 Child ☐ # _____ J-2 Children

The total funds required to participate in the J-1 program for the full duration noted above is: $ _____

Please attach official documentation of funding on letterhead, in English, and dated within the last 6 months.

FUNDING SOURCES (for the duration of the proposed J program):

CU-Boulder Funding

$_____ (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 J 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 J 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 J Program	Required Documentation of Persona Funding
1. J-1 Visitor's Personal Funds	1. $_____	Attach official documentation (with English translation if applicable). Funds of J Visitor: Official bank letter on letterhead indicating the J visitor's account balance (in US dollars) or an amount of money in excess of that which is required for the J program.
2. Sponsor	2. $_____	Funds from Sponsor: Letter from sponsor or Affidavit of Support 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. $_____	Sabbatical Leave Funds: 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 J Program	Documentation Required
		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.

J-2 DEPENDENTS

Please complete this section if you indicated you will bring dependent(s) with you in J-2 status during your J program.

In requesting to bring a dependent and with his/her receipt of the J-2 dependent visa, you are agreeing to the condition of having each dependent's status linked to yours for the duration of your program or a dependent child's marriage or 21st birthday, whichever occurs first. Once a dependent obtains J-2 status, ISSS will only terminate the dependent SEVIS record if credible evidence of one of the following events is submitted:

- Legal divorce (if the dependent is the student's spouse)
- Death
- The J-2 dependent requests termination of his/her SEVIS record

The J-1 also agrees to complete an immigration check-in for each dependent upon arrival in the U.S., to report a dependent's early departure from the U.S. prior to the J program end date, and to help the J-2's maintain valid non-immigrant status.

Please type J-2 dependent(s)' information directly into this form as it appears in the Machine Readable Zone of your dependent(s)' passport and attach a passport copy for each dependent included in this request. If more than two children will accompany you in J-2 status, complete the Additional J-2 Dependents sheet: http://www.colorado.edu/oie/node/1595/attachment/newest

This information will be utilized to create a dependent SEVIS record and DS-2019. Your dependent(s) will be responsible for presenting the DS-2019 along with copies of your documents and proving their relationship to you at the U.S Consulate/ Embassy visa interview. Documentation may include official marriage certificate (spouse) and official birth certificate or valid adoption decree (unmarried minor child under 21 years of age).

	Spouse	Child 1
Family Name from Passport		
First & Middle Name from Passport		
Date of Birth (mm/dd/yyyy)		
Sex	☐ Female ☐ Male	☐ Female ☐ Male
City of Birth		
Country of Birth		
Country of Citizenship		
Country of Legal Residence		
Email Address		

	Child 2	Child 3
Family Name from Passport		
First & Middle Name from Passport		
Date of Birth (mm/dd/yyyy)		
Sex	☐ Female ☐ Male	☐ Female ☐ Male
City of Birth		
Country of Birth		
Country of Citizenship		
Country of Legal Residence		
Email Address		

EMERGENCY CONTACT INFORMATION

Please enter emergency contact information below. Contact does not have to be in the U.S. and does not have to speak English.

☐Mr. ☐Ms._____ ☐Speaks English ☐ Speaks _____
First Name Last Name

Relationship to You: ☐Parent ☐Spouse ☐Other: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Address: _____
Street Address City/Town Province/ State Postal Code Country

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.

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:
  - 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 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.

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. Not all CU medical insurance plans meet the J-1 minimum requirements. Please contact the Benefits Department or ISSS to find out which medical insurance plans qualify.
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 of the following month.
   - e.g., If your start date is August 2–30, CU insurance will start on September 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 on your J-1 program at CU-Boulder.*
4. 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 J-1 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. You must re-enroll by the Open Enrollment deadline in order to continue to have health insurance coverage.

INSURANCE COMPLIANCE INFORMATION

Insurance coverage must be in effect from the start of your J program to the end of your J program. 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. J-1 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 J-2 Dependents:

_____

☐ Me—My J-2 dependents 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

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 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, Boulder 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 the requirements set forth in the ACA legislature in addition to the requirements established in 22 CFR S62.14.

_____ _____

Signature Date

SUMMARY OF J EXCHANGE VISITOR RULES

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.

- Additional information about the insurance requirements

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

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* 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* 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 hosting department will have to submit a DS-2019 extension request to ISSS 2-4 weeks prior to the expiration of your current J program. You must attach all required documentation to the Extension Request Forms. If your department will not provide sufficient funding for the extension period, you must submit personal bank statements or funding documentation on official letterhead.

- Additional information is available on the J Scholar Procedures webpage in the “Extension of J Program” section

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. 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* 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