

**REQUEST FOR EXTENSION OF DS-2019 FOR J-1 SCHOLARS AND PROFESSORS**

**Section A: To be completed by Exchange Visitor (Scholar or Professor):**

(1) Biographic Information

Full Name (First, Middle, Last): \_\_\_\_\_

Social Security #/University ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Email: \_\_\_\_\_

(2) Financial Support Information

Financial support for the principal and dependents accompanying exchange visitor must be documented. Minimum support is \$1500 per month for the visiting scholar or professor. Dependent support must be at least \$6000 per year and \$3000 per year for each child.

Do you have additional financial support (other than the department) from other institutional, governmental, organizational or personal resources to cover the entire period for which the extension is being requested? Yes/No.

If yes, please specify and attach documentation. \_\_\_\_\_

(3) Health Insurance Requirement

*Please complete the Health Insurance Certification on the back of this form.*

**Section B: For Endorsement by the Department**

1. This is to verify that above mentioned exchange visitor is a visiting research scholar or professor in the Department of \_\_\_\_\_
2. I recommend that his/her legal stay in the U.S. be extended from \_\_\_\_\_ to \_\_\_\_\_ in order to continue with the same academic objective. (Research scholars and professors are limited to five years total U.S. visit. Short-term scholars are limited to a total of six months).
3. The department will/will not provide a salary/stipend to the above visiting scholar. The amount of salary is \$\_\_\_\_\_ per year for a duration of \_\_\_\_\_ years.

Department Chair/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

## **Exchange Visitor Health Insurance Certification For Endorsement by J-1 Scholar or Professor**

The U.S. government requires all J-1 Exchange visitors and their accompanying J-2 dependents to comply with specific health insurance requirements. These are listed below:

1. Medical benefits of at least \$100,000 per accident or illness;
2. Repatriation of remains in the amount of \$25000;
3. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and
4. A deductible not to exceed \$500 per accident or illness

An insurance policy secured to fulfill the requirements of this section:

- (1) May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
- (2) May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefit per accident or illness; and
- (3) Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any insurance policy secured to fulfill the above requirements must be underwritten by an insurance corporation having an A.M. Best rating of "A" or above, an insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of "B+" or above or such other rating services as the Agency may from time to time specify. Insurance coverage backed by full faith and credit of the government of the exchange visitor's home country shall be deemed to meet the requirement.

I certify that I am in compliance with these requirements for myself and for my J-2 dependent family members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach copy of health insurance card or proof of coverage.*