REQUEST FOR DS-2019/J-1 EXCHANGE VISITOR SPONSORSHIP

This interactive form is to be completed by the host organization requesting exchange visitor J-1 sponsorship. At least two months prior to the prospective exchange visitor's proposed program start date, please complete this form, including signatures, attach all required documents, and mail to:

Institute of International Education
Enrichment and Professional Development
809 United Nations Plaza
New York, New York 10017

NOTE: Positions must be temporary in nature, not exceeding the permitted duration of stay as stipulated by Federal Regulations.

A. Host Institution

Site Name

Street Address

City State Postal Code

Web Site (if applicable) *If Web Site does not exist, please include a copy of company brochure or sample advertising material.

Supervisor's Name Signature

Email Telephone

B. PROSPECTIVE EXCAHNGE VISITOR INFORMATION (EXACTLY AS IN VALID PASSPORT)

Family Name

First Name Middle Name

Born (mo/day/year) City of Birth Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

Highest degree obtained in what field?

Current Occupation in home country

Current employer in home country (if applicable)

◯ Single ◯ Married If married, will spouse accompany trainee and need J-2 status?

Will children (under 21) accompany the EV and need J-2 status? Please use J-2 Form on page 4.

Has this person ever been in J-1 status in the U.S.? ☐ in J-2 status? ☐

If yes, please list the dates and purpose of stay. Also, attach a copy of any previous Forms DS-2019 if available.

C. MAILING OF DS-2019 TO PROSPECTIVE EXCHANGE VISITOR:

Address where IIE should mail Form DS-2019 (*Must be outside the U.S.)*

City ☐ Country ☐ Postal Code ☐

Email ☐ Telephone ☐

D. Brief description of duties (please complete) Occupational Category ☐

Duration of Program To Begin: ☐ To Be Completed: ☐

mo/day/year mo/day/year

E. FINANCIAL SUPPORT FROM ALL SOURCES WHILE IN THE U.S.

1. Any personal funds being used should be documented with a copy of a current bank statement.
2. Amounts must be confirmed in U.S. dollars.
3. Trainee should receive or prepare to have a minimum of $2,000/month for living expenses and an additional $1000/month for spouse and $500/ month per child, assuming all dependanst are receiving health insurance, more if not.

Indicate financial support and amounts:

Host Organization Funding U.S. $ ☐ per ☐

(amount)

The Exchange Visitor's Government U.S. $ ☐ per ☐

(amount)

Personal Funding: U.S. $ ☐ per ☐

(amount)

F. HEALTH INSURANCE COVERAGE Please refer to the mandatory health insurance coverage requirements on page 4.

Health Insurance coverage for J-1 will be provided by _____ for any J-2 dependent(s) _____

If other, please indicate who will provide health insurance coverage _____

INFORMATION ON MANDATORY HEALTH INSURANCE COVERAGE IN THE U.S.

Health insurance in the United States is primarily a private industry with a variety of options for coverage and cost. The Department of State has established minimum requirements for insurance that are designed to protect the exchange visitor and his/her family. The U.S. Government regulations governing J-1 Exchange Visitor visa status requires health insurance coverage for the J-1 and each J-2 dependent. This coverage must be in effect during the period of time you remain in the U.S., and must meet the minimum requirements.

Insurance Requirements [from 22 CFR 62.14]:

A. Sponsors shall require each exchange visitor to have insurance in effect which covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the

(1) medical benefits of at least $50,000 per accident or illness;

(2) repatriation of remains in the amount of $7,500;

(3) expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of $10,000; and

(4) a deductible not to exceed $500 per accident or illness.

B. 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 percent of the covered benefits per accident or illness;

C. Policy must be underwritten by an insurance corporation having an A.M. Best rating of "A-" or have; an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above; a Weiss Research, Inc. rating of B+ or above. It is your responsibility to confirm with the insurance company that they meet these criteria.

Name of Participant: _____

Host Site: _____

Please provide the name of the insurance carrier providing health insurance coverage: _____

Please sign to confirm that this coverage is in compliance with health insurance requirements described above:

Signature: _____ Date: _____

NOTE: FAILURE TO OBTAIN ADEQUATE HEALTH INSURANCE COVERAGE FOR YOURSELF AND YOUR FAMILY IS A VIOLATION OF YOUR EXCHANGE VISITOR STATUS AND MAY LEAD TO TERMINATION OF SPONSORSHIP

Request for J-2 Sponsorship

SECTION 1

Name of J-1 Exchange Visitor _____ Date of Birth of J-1 (Month/Day/Year) _____

SECTION 2

Family/Last Name of Dependent: _____

Given/First Name of Dependent _____

Middle Name of Dependent _____

Have you ever been in the United States previously in J-1 or J-2 status? ◯ Yes ◯ No

If yes, please list the inclusive dates, category and sponsor for any previous J status in the U.S.**

_____

Gender _____ Date of Dependent's Birth (Month/Day/Year) _____

City of Birth _____

Country of Birth _____

Country of Citizenship _____

Legal Permanent Resident of _____

Passport Expiration Date (Month/Day/Year) _____ Include a copy of the data page from a valid passport for each J-2.

Relationship to J-1 Exchange Visitor _____

* Note: Child must be younger than 21 years of age to qualify for J-2 sponsorship

**Please include copies of any Forms DS-2019.

Please submit this form for each J-2 sponsorship request.