

J-2 DEPENDENT SEPARATE ENTRY REQUEST

OVERVIEW

Scholars currently in J-1 status who wish to add their legally married spouse and/or unmarried minor children (under 21 years old) as J-2 dependent status will need to obtain a SEVIS Form DS-2019 for each dependent. All other relatives who wish to come to the U.S. to visit should apply for B-2 (visitor for pleasure) visas or the Visa Waiver Program, if eligible.

Do not use this form if you are a prospective scholar. The dependents information can be entered on the initial J-1 application.

FINANCIAL SUPPORT INFORMATION

You must show that you have enough money to support your family for the duration of your program. Attach a copy of your evidence of financial support (i.e. bank statement, funding letter, etc). The minimum annual requirements are:

Married or Single w/child:	\$27,000	Married w/ 2 children:	\$35,000
Married w/ child:	\$31,000	Married w/ 3 children:	\$39,000

HEALTH INSURANCE REQUIREMENT

U.S. government regulations require J-1 scholars and J-2 dependents to have health insurance for the duration of their program participation. The regulations state that any exchange visitor (or accompanying dependent) who fails to maintain health insurance coverage as detailed on the Health Insurance Requirement Certification or who misrepresents such coverage will be in violation of U.S. government regulations and shall be subject to termination as an exchange visitor.

APPLICATION PROCESS

To request for a DS-2019 form for dependents, you will need to submit the following:

- J-2 Dependent Request Form
- Health Insurance Requirement Certification Form
- Administrative Services Fee Agreement (\$200 fee)
- Copy of J-1's current I-94 card (front & back)
- Copy of J-2's passport (biographical pages)
- Copy of dependent's immigration documents if currently inside the U.S.
- Evidence of financial support- REQUIRED FOR NON-SALARIED J-1 HOLDERS ONLY.

Gather all the required documents and submit to the Academic Human Resources/Immigration Services office (AHR-IS). Please allow 15 business days to process your request.

APPLYING FOR A VISA

The dependent takes the new DS-2019 form and the evidence of financial support to a U.S. consulate or embassy to apply for a J-2 visa. The U.S. embassy or consulate will not issue a visa unless it is satisfied that the dependents have a residence in a foreign country which they have no intention of abandoning.

CHANGE OF STATUS

Dependents currently inside the U.S. on a different immigration status must contact AHR-IS after the DS-2019 has been issued to review the Change of Status procedure with an advisor. Please note that an I-539 application must be submitted to USCIS prior to the end date of the current immigration status. This process may take up to 4 months for approval.

Visit <http://uscis.gov> to download the I-539 application.

QUESTIONS

Contact the AHR-IS Immigration Specialists at (310) 423-2427 or (310) 423-1907.

J-2 DEPENDENT REQUEST FORM

INSTRUCTIONS: Current J-1 scholars who wish to add their immediate family member(s) in J-2 status must complete this form and attach supporting documentation. Please allow 15 business days for processing.

SECTION 1: J-1 PERSONAL INFORMATION

1. Family/Last Name:	Given/First Name:	2. SEVIS ID #:
3. Current Residential Address:	City:	State & Zip Code:
4. E-mail Address:	5. Telephone:	

SECTION 2: DEPENDENT'S INFORMATION

6. Enter the information for each family member requesting for J-2 status.

Name (FAMILY, First, Middle)	Relationship (wife, son, etc.)	Date of Birth (mm/dd/yy)	City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Residence

7. Expected U.S. entry or Change of Status Date (mm/dd/yy):		8. Is the dependent currently inside the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. If YES, please indicate the current immigration status: _____ (i.e. F-1 OPT/B-1/J-1 to J-2, etc) NOTE: Please attach a photocopy of all current immigration documents including Form I-94, DS-2019, I-20, EAD card, and/or I-797 approval notices.		8b. If YES, please check one: i. <input type="checkbox"/> The dependent will leave the US and return after obtaining a J-2 visa at the embassy/consulate. Please give destination and travel dates: _____ ii. <input type="checkbox"/> Requesting a Change of Status (I-539) inside the U.S. with USCIS.	
9. During the last two years, has the dependent ever been issued any J-1 or J-2 status? <input type="checkbox"/> No (skip Questions 9a-9b) <input type="checkbox"/> Yes If YES, please complete the following section. Begin with your most recent visa status and work backwards chronologically.			
Visa Classification (J-1 Research Scholar, Professor, Student, J-2, etc)	Begin and End Dates in USA (i.e. Jan 1, 2005-Dec. 31, 2005)	Purpose of Stay (student, scholar, researcher, etc.)	Sponsoring Institution or Agency
9a. During the previous J status, was the dependent subject to the two-year home country residence requirement (212e)? <input type="checkbox"/> Yes <input type="checkbox"/> No		9b. If YES, has the dependent applied for a 212(e) waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: CERTIFICATION

NAME	TITLE	SIGNATURE	DATE
J-1 Scholar:		SIGN HERE	
Sponsor/Supervisor:			
Department Contact:			

HEALTH INSURANCE REQUIREMENT CERTIFICATION

INSTRUCTIONS: Please complete this form and attach to the J-2 Entry application. Forward to AHR-IS for processing.

The U.S. Code of Federal Regulations governing Exchange Visitor Programs (22CFR § 62.14) require that the EV and their dependent(s) obtain health benefits, accident, medical evacuation and repatriation of remains insurance for the duration of their exchange visitor status.

SCHOLAR CERTIFICATION

Name of J-1 Scholar: _____

CSMC Department: _____

- **I understand that the Department of State requires me and all of my J-2 dependent family members to have the following minimum health insurance coverage throughout my stay:**
 - ◆ Medical benefits of at least \$50,000 per accident or illness
 - ◆ Repatriation of remains in the amount of \$7,500
 - ◆ Medical evacuation expenses in the amount of \$10,000
 - ◆ Deductible not to exceed \$500 per accident or illness
- **I understand that I will need to pay for the insurance unless my sponsoring department at Cedars-Sinai Medical Center has informed me in writing that they will provide the insurance.**
- I understand the cost of this insurance. If I choose an insurance plan, the cost may vary depending on the provider]. If I choose my own insurance policy, the insurance corporation underwriting the policy must have one of the following ratings:
 - ◆ A.M. Best rating of "A-" or above
 - ◆ Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above
 - ◆ Standard & Poor's Claims paying Ability rating of "A-" or above
 - ◆ Weiss Research, Inc. rating of B+ or above
- I understand that insurance coverage backed by the full faith and credit of the government of my home country will also meet the rating requirements.
- I understand that government regulations require CSMC to notify the Department of State and terminate my J-1 status if they determine that I or my family members willfully fail to comply with the health insurance requirements.

I have been informed about the health insurance requirements, the cost involved, and the need to maintain the insurance for myself and all family members throughout my stay at CSMC.

Please choose ONE of the following:

- I will add my dependent to my existing health insurance policy offered through CSMC
- My dependents and I will be covered by my home country health insurance plan
- I will purchase a new health insurance plan through private companies (non-CSMC endorsed plans)
- Other: _____

Name of Insurance Provider: _____ **Policy Number:** _____

J-1 Scholar Signature: _____ **Date:** _____