

J-1 SCHOLAR DS-2019 DEPENDENT REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

- ✓ Initial review time for J-2 Dependent requests is 10-15 business days.
- ✓ This form MUST be received a minimum of 8 weeks prior the anticipated arrival date of the dependent(s).

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- PASSPORT IDENTITY PAGE ONLY – PLEASE INCLUDE PASSPORT IDENTITY PAGES FOR ALL DEPENDENTS
- PROOF OF FUNDS

Proof of funds must be on letterhead or stamped, signed, dated and no older than 6 months. It also has to be in English OR provided in its original form with a third party translation that includes the ‘Certification by Translator’ found below.

The following example must be reproduced on a separate document:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and _____ languages, and that the above/attached document is an accurate translation of the document attached entitled _____.

Signature _____

Date _____

Typed Name _____

Address _____

<u>FUNDING REQUIREMENTS:</u>	Sept. 1, 21 - June 30, 22		July 1, 22 - June 30, 23		July 1, 23 - June 30, 24	
	<i>Per Month</i>	<i>Per Year</i>	<i>Per Month</i>	<i>Per Year</i>	<i>Per Month</i>	<i>Per Year</i>
Spouse (Wife/Husband)	\$875	\$10,500	\$900	\$10,800	\$927	\$11,124
Each Child Under 21	\$400	\$4,800	\$412	\$4,944	\$424	\$5,088

INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. Health insurance coverage through the Blue Care Network (BCN) – Scholar Plan is mandatory for all J-1 scholars who do not receive health insurance as a benefit of MSU employment. It is the scholar's responsibility to make sure that all dependent family members are included in their BCN plan. This plan covers the minimum health insurance requirements for scholars and their dependents. Minimum J visa health insurance requirements are as follows:

- * \$100,000 per sickness/illness
- * \$100,000 per accident/injury
- * \$50,000 for medical evacuation
- * \$25,000 for repatriation
- * Maximum \$500 deductible

NOTE: Scholars who began their program under previous funding and insurance requirements may follow the old requirements until August 31, 2022. Starting September 1, 2022, all J-1 scholars must show funding that meets the above requirements and purchase the required health insurance policy.

THIS SECTION TO BE COMPLETED BY THE SCHOLAR:

J-1 Scholar Information (Name must be exactly as it appears on the passport):

SEVIS ID #: N		ZPID: Z
Surname:	Given Name(s):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___	
Country of Citizenship:	Country of legal permanent residence:	
U.S. Residential Address:	E-mail:	

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT:

<input type="checkbox"/> MSU Department Funds: \$ Health insurance provided by Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Scholar's Government Funds: \$
<input type="checkbox"/> Other Funds: \$ Source of other funds:
<input type="checkbox"/> Personal/Family Funds: \$

<p>Person to contact when DS-2019 is ready:</p> <p>Name:</p> <p>E-mail:</p> <p>Phone:</p> <p>Preferred contact method:</p> <p><input type="checkbox"/> E-mail <input type="checkbox"/> Phone</p>	<p>Please submit this request to OISS in a manila envelope, with the label of "J-1 Request" OR by email to jvisas@msu.edu.</p> <p>Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824</p> <p>If you have additional questions about this process please email: jvisas@msu.edu.</p>
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IMPORTANT NOTE: If your dependent(s) permanently leave the U.S. and end their J-2 status prior to your departure, they MUST submit J-2 Notice of Departure form to OISS.

FAMILY MEMBERS WHO WILL ACCOMPANY THE SCHOLAR:**SPOUSE:**

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

CHILD #1:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

CHILD #2:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

CHILD #3:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

CHILD #4:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

***If country of Legal Permanent Residence is different from country of citizenship, please provide proof.**