

Applicant's Last Name:

Applicant's First Name:

INSTRUCTIONS AND CHECKLIST FOR J-2 DEPENDENT APPLICATION

A dependent is a spouse or an unmarried child (under 21 years of age) who will be accompanying the J-1 Exchange Visitor to the U.S. The Certificate of Eligibility (DS-2019 Form) for a J-2 dependent only allows for the dependent to travel with the J-1 Exchange Visitor. As the primary J-1 Exchange Visitor, it is your responsibility to prove financial support for each J-2 dependent in the amount of 750.00 USD per J-2, per month in the U.S.

In order to provide a DS-2019 for the J-2 dependent, CIEE requires the following:

- A complete biographical information section on each dependent (below)
Please submit additional pages if you have more than two dependents.
- A copy of a valid passport for each dependent
- Proof of dependent status: marriage certificate for spouse; birth certificate for child
- Proof that each dependent has insurance coverage for their entire duration of stay in the U.S. (and a copy of the insurance policy)
- Proof of financial support for each J-2 dependent in the amount of 750.00 USD per dependent, per month

J-2 DEPENDENT

Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name:	Date of Birth (dd/mm/yyyy):
Middle Name:	Contact Number while in U.S.:
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child (under 21 years of age)	Email Address:
Anticipated Date of Arrival in U.S. (dd/mm/yyyy):	Anticipated Date of Return Home (dd/mm/yyyy):
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence:
Passport Number:	Passport Expiration Date (dd/mm/yyyy):

J-2 DEPENDENT

Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name:	Date of Birth (dd/mm/yyyy):
Middle Name:	Contact Number while in U.S.:
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child (under 21 years of age)	Email Address:
Anticipated Date of Arrival in U.S. (dd/mm/yyyy):	Anticipated Date of Return Home (dd/mm/yyyy):
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence:
Passport Number:	Passport Expiration Date (dd/mm/yyyy):

APPLICANT CONFIRMATION

I (print your name), _____ certify that the information provided on the J-2 dependents is true and correct.

Applicant Signature:

Date (dd/mm/yyyy):

J-2 DEPENDENT INSURANCE COVERAGE GUIDELINES

J-2 applications must include proof of insurance coverage for each J-2 dependent listed on the application, for their entire duration of stay in the U.S. This proof must include a summary of benefits for the policy, and show that the policy meets the minimum requirements mandated by the U.S. Department of State. All J-2 insurance policies must be reviewed and approved by a CIEE representative.

COVERAGE LEVEL REQUIREMENTS

Benefit	Requirements
Medical Coverage	Minimum of \$50,000 per accident or illness
Repatriation of Mortal Remains	Minimum of \$7,500
Evacuation Expenses to Home Country	Minimum of \$10,000
Deductible/Co-pays	Not to Exceed \$500 per accident of illness
Coinsurance	Not to exceed 25% of covered benefits per accident or illness

OTHER REQUIREMENTS

- Policies may require a waiting period for pre-existing conditions, but any such waiting period must be reasonable as determined by current industry standards.
- The policy shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor is participating.
- The policy must, at minimum, be underwritten by an insurance corporation having at least one of the following:
 - 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

Applicants should contact their CIEE representative if they have any questions about J-2 insurance requirements.