

Department Application for J-1 Extension

Visitor's
First Name:

Last Name:

PID:

Department:

Instructions for requesting that ISFS issue an extended form DS2019 for a J-1 Exchange Visitor:

- Return the completed department application by emailing to ISFS@ohio.edu.
- Once completed applications have been received, please allow up to two weeks to process the paperwork and obtain the DS2019
- You will be notified by email once the DS2019 is ready for pick-up
- Please review checklist carefully

Checklist of required forms to be included in J-1 extension application:

To be completed by department:

- Department Information Form (completed by inviting faculty/staff member)
- Exchange Visitor Funding Information (completed by inviting faculty/staff member)
- Department Agreement Form (must be signed)
- Attach copy of new Letter of Invitation to Exchange Visitor for the extension timeframe
- Attach copy of Exchange Visitor's passport ID page

To be completed by visitor:

- Health Insurance Agreement Form (signed by the Exchange Visitor)



OHIO
UNIVERSITY

International Student and Faculty Services
Walter International Education Center, 15 Park Place, Athens, OH 45701
T: 740-593-4330 F: 740-593-4328 <http://www.ohio.edu/isfs>

Department Information Form

1. Name of Exchange Visitor: Last: First:
Extended program end date:

2. Name of hosting department:
Name of inviting faculty/staff member:
E-mail of faculty/staff member: Phone #:
Alternate department contact (required):
E-mail of department contact: Phone #:

Appointment Details:

3. Purpose of this form (choose one): Extend visit with no substantial changes in duties
 Extend visit and substantially change duties

If you indicated that the visitor's duties will change substantially during the extension timeframe, please provide details here:

Will the Exchange Visitor be employed by Ohio University? YES NO
If yes, please attach a copy of the HR offer letter

Primary location where EV will be conducting activities:

Secondary location for activities (if applicable):

Exchange Visitor Funding Information Sheet

Expenses for Exchange Visitors are calculated per month. Please calculate the total expenses per month, then multiply by the number of months in the extension timeframe. Expenses for accompanying spouse and/child(ren) must be included.

Estimated Expenses:

- a) Monthly living expenses for EV.....\$1275
- b) Health insurance for EV\$180
- c) Monthly living expenses for accompanying spouse\$450
- d) Health insurance for accompanying spouse.....\$180
- e) Monthly living expenses for accompanying child\$450
- f) Health insurance for accompanying child\$180

Additional monthly living expenses and health insurance costs per additional accompanying child

Total estimated expenses per month: X **Total=**
(Multiply expenses X number of months of EV stay)

- Please attach documentation of funding sources: letters from government/agency/organization sponsors and/or copies of the EV's financial documents if including personal funds.

Financial Support (fill in all that apply):

Please note: Government funds made available for a specific research purpose and NOT specifically for the support of an Exchange Visitor should be designated as Ohio University funds rather than government funds.

Funding from Ohio University

U.S. Government Agency/ies*

International Organization(s)*

Exchange Visitor's Government*

Bi-national Commission of EV's Government*

Any other organization(s) providing support* (e.g. foreign university, private company)

Personal Funds*

TOTAL FUNDING (must equal or exceed estimated expenses from above)

This department agrees to the following:

1. To give the new DS-2019 form and any supporting documents to the Exchange Visitor.
2. To assist the Exchange Visitor in complying with the US Department of State's health insurance requirements for Exchange Visitors for the duration of the extension. **THE SPONSORING DEPARTMENT MUST ENSURE THAT THE EXCHANGE VISITOR IS AWARE OF THESE REQUIREMENTS.**
3. To report the departure of the Exchange Visitor to ISFS within three business days of the Exchange Visitor's departure from OHIO, whether early OR on the program end date.

Failure to fulfill these responsibilities may lead to serious immigration problems for the Exchange Visitor and create compliance issues for the university. Departments that do not fulfill these responsibilities in a timely manner will be responsible for all fees associated with correcting any immigration problems that may arise as a result.

Name of Exchange Visitor:

Dates of visit:

Name of OU employee inviting EV:

Signature of inviting employee:

Name of Department Chair/Director:

Signature of Department Chair/Director:

Date of Department Approval:

Department Chair/Director contact information:

Health Insurance Agreement Form

To Be Signed by Exchange Visitor

All J-1 Exchange Visitors and their J-2 dependents are required, by the program guidelines set forth by the US Department of State, to carry health insurance for the entire duration of their program. **Failure to maintain adequate insurance coverage can lead to termination of your visa status.** The following are the minimum benefits that the medical insurance policy must provide:

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness.
- An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency international, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above.

Insurance policies purchased by J-1 Exchange Visitors for themselves and their dependents must be approved by Ohio University. Ohio University will offer the option of purchasing an insurance policy that meets the minimum requirements or the Exchange Visitor may choose to purchase another plan from a private company. This decision should be made BEFORE the Exchange Visitor arrives in the United States. Insurance coverage must begin on the day of arrival in the US.

Insurance provided by an institution in the Exchange Visitor's home country MUST meet the minimum requirements listed above. If it does not, the Exchange Visitor will need to purchase additional coverage. A copy of the policy translated in English must be provided to International Student and Faculty Services for review BEFORE the Exchange Visitor arrives in the United States.

Compliance with the health insurance is mandatory. Exchange Visitors not complying with this requirement will be deemed in violation of their immigration status and will need to depart the US immediately.

I have read the information above and understand that I am responsible for extending health insurance for myself and any dependents for the entire duration of my program extension. I also understand that failure to maintain health insurance coverage may have a negative impact on my visa status.

Date (mm/dd/yy)