

DEPENDENT INFORMATION

1. Name: _____
Family Name First Name Middle Name
2. Gender : Male Female 3. Date of Birth: _____ / _____ / _____
Month Day Year
3. City and Country of Birth: _____
4. Citizen of: _____ 5. Legal Permanent Resident of: _____
5. Relationship to Exchange Visitor: Spouse Child

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Exchange Visitor Contact Information

Address:

(Street)

City:

Province/Territory:

Country:

Postal Code:

Phone Number:

Email:

Is the exchange visitor currently in the U.S.? Yes No

If YES, current immigration status (e.g., J-1, F-1, B-1):

Please submit the following documents to the OIA along with the exchange visitor's completed application

1. Copies of all immigration documents (E-2, E-3, E-19(s), I-20(s) or I-797(s))
2. Copy of most recent I-94
3. Copy of passport

UL Lafayette faculty or staff hosting the exchange visitor:

Name and Title:

Department:

Phone Number:

Email:

Required Health Insurance

The current regulations governing the J-1 Exchange Visitor Program requires J-1 exchange visitors and any dependents who accompany the exchange visitor to have medical insurance coverage. The prospective J exchange visitor is required by the United States Department of State to have at least:

1. Medical benefits of at least \$100,000 per act:

Certification of Medical Health Insurance Coverage J-1 Exchange Visitor

Name:

Personal Email:

Expected Arrival Date:

(Month/Day/Year)

Expected Departure Date:

(Month/Day/Year)

I certify that the above named individual and dependents have medical benefits of at least \$100,000.00 per accident or illness, repatriation of remains in the amount of \$25,000.00, expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000.00 and a deductible not to exceed \$500.00 per accident or illness.

Dates of Coverage:

From:

To:

Name of Medical Health Insurance Company

Signature of Agent Representing
Medical Health Insurance Company

Date

Please attach the following documents:

- Proof of the exchange visitor's medical health insurance coverage (such as ID letter from insurance company).
- Verification of dates of coverage
- A description, in English, of the conditions of the medical health insurance coverage.
- If the medical health insurance is based on employee benefits provided to the exchange visitor's parent, documentation verifying the age through which the exchange visitor is eligible for coverage.

Approval for the Employment/Visit of an Exchange Visitor (J-1 Status)

Name of Prospective Exchange Visitor:

Title of Position:

Department:

We Certify that:

1. We agree to accept responsibility for this participant for the entire period of stay as requested on the form DS-2019. We hereby certify that there is sufficient funding to support this individual for the entire period stated on the J-1 visa application request form,
2. Should problems occur w.C /P appl-2(c)3(i)-2n(.959 0</MCID 22 >d76ni/LBody <9r2 /LBody <</MCID