
Obtaining a J-2 Visa for the Spouses and Children (Under Age 21) of J-1 Scholars

Requesting a DS-2019 for J-2 Dependents

J-2 Dependents who did not accompany the J-1 scholar when he or she entered the US will need to obtain a DS-2019 for later admission as a J-2 visa holder. The request form is completed by the J-1 scholar and does not require any documents from the hosting department.

If the J-1 scholar has already entered the US, the J-1 scholar will complete the form on the following page (also found on the SISS website at http://siss.ucdavis.edu/forms/scholar_forms.html). After making a request and demonstrating sufficient financial support, the J-1 scholar will receive a DS-2019 document for J-2 dependents. The J-2 will make an appointment to apply for the visa at a US Embassy or Consulate and submit the DS-2019, along with other required documents. The J-2 dependent should have copies of the J-1 documents, which may be needed for the visa application, as well as proof of marriage or child-parent relationship. A list of US embassies and consulates abroad can be found at <http://www.usembassy.gov/>. Instructions for applying for a visa are on the website for each US embassy. For processing times to obtain a visa, please see the information at: <http://travel.state.gov/content/visas/english/general/wait-times.html/>. **A J-2 visa applicant does NOT have to pay the SEVIS fee, although there will be a visa application fee.**

J-1 scholars who wish to request a DS-2019 for spouses and children under age 21 who would like to apply for a J-2 visa should complete the form on page 2; read and sign the form on page 3; and submit the two forms, along with proof of financial documents, to SISS. Please allow 15 business days for processing.

Arrival

J-2 dependents will need to present the DS-2019 document and visa stamp to an immigration officer at the port-of-entry to the US, along with a valid passport. Once a J-2 arrives, a copy of the stamped DS-2019, along with a copy of the visa stamp in the passport, and a copy of the I-94 online record, should be submitted at SISS.

All J-2 dependents must meet the same requirements for health insurance as the J-1 scholar. If health insurance is not purchased prior to arrival, insurance should be purchased as soon after arrival as possible. *If the J-1 scholar receives health benefits through the University as a postdoc or employee, he or she should consult with University benefits about the options and cost of adding family members to his or her insurance plan.* Please always feel free to contact the SISS office with any questions.

Resources

Resources for J-2 dependents can be found on the SISS website at siss.ucdavis.edu. Click on the "Families" tab. Resources include: information about health insurance; information about local schools; information about English language opportunities; and information about j-2 work permits.

REQUEST FOR DS-2019 FOR J-2 DEPENDENTS TO ENTER THE U.S. SEPARATELY*

Please allow **15 working days** for preparation of the form DS-2019.

Scholar Information:

1. J-1 Exchange Visitor's Name:	_____	_____	_____
	Family (last)	First	Middle
2. UCD Department:	_____		
3. Home Address:	_____	_____	_____
	Street	Apt#	City State Zip Code
4. Email Address:	_____		
5. Home Phone:	_____	Campus Phone:	_____
6. Financial Support as listed on DS-2019:	\$ _____	Source:	_____
Additional amount of support for family members:	\$ _____	Source:	_____

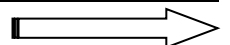
Dependent Information: Please attach a copy of each dependent's passport ID page and proof of financial support. The required minimum funding support is \$2,000 per month for the scholar, \$600 per month for a spouse and \$300 per month for each child (not including health insurance or childcare expenses).

1. Dependent One:	_____	_____	_____
(As it appears in the passport)	Family/last	Given/first	middle
2. Date of birth:	_____	Place of birth:	_____
	(month/day/year)	(city/country)	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Country of citizenship:	_____	Country of legal permanent residence:	_____
4. Relationship to Scholar :	_____	Expected Date of Arrival:	_____
	(wife, Son, etc.)		(month/day/year)
5. Dependent email address :	_____		

1. Dependent Two:	_____	_____	_____
(As it appears in the passport)	Family/last	Given/first	middle
2. Date of birth:	_____	Place of birth:	_____
	(month/day/year)	(city/country)	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Country of citizenship:	_____	Country of legal permanent residence:	_____
4. Relationship to Scholar :	_____	Expected Date of Arrival:	_____
	(wife, Son, etc.)		(month/day/year)
5. Dependent email address :	_____		

1. Dependent Three:	_____	_____	_____
(As it appears in the passport)	Family/last	Given/first	middle
2. Date of birth:	_____	Place of birth:	_____
	(month/day/year)	(city/country)	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Country of citizenship:	_____	Country of legal permanent residence:	_____
4. Relationship to Scholar :	_____	Expected Date of Arrival:	_____
	(wife, Son, etc.)		(month/day/year)
5. Dependent email address :	_____		

***Use additional sheets for additional dependents, if necessary. Please read and sign page 3**



J-2 International Scholar Dependent Health Insurance Memo of Understanding

By signing this document, a J-1 scholar confirms his or her understanding with the following statements:

I understand that the Department of State requires all J-1 Exchange Visitors ***and their accompanying dependents*** to have health and accident insurance throughout the J-1 program. I understand that if I am **full-time employed at UC Davis, or I have the title of “postdoc” at UC Davis**, my dependents may qualify to be enrolled in insurance under my health plan and I will consult with the health insurance company before making a decision about which health plan to use for my dependents. (In most cases, postdoc titles and other full-time employment at UC Davis will include the opportunity to purchase health benefits for both J-1 scholars and their dependents.)

I understand that J-1 scholars must purchase insurance for themselves and their J-2 dependent(s) that meets the minimal requirements listed below:

- - -Medical benefits per accident or illness of at least: \$100,000 minimum*
- - -Repatriation of Remains: \$25,000
- - -Expenses related to Medical Evacuation: \$50,000
- - -Deductible per accident or illness not to exceed \$500

I understand that I am responsible for the purchase of health insurance that meets the above requirements. I understand the cost of insurance premiums (monthly payments) in the US is high and I confirm that I will have sufficient finances to cover the cost of insurance premiums throughout my stay.

****Please note: because of the rising cost of medical care in the US, SISS recommends coverage at a minimum amount of \$250,000.00 per accident or illness for all J-2 dependents.***

I understand I can find health insurance information on the SISS website:

http://siss.ucdavis.edu/scholars_depts/j_visa/j-insurance.html

SISS also recommends that J-1 scholars purchase travel insurance coverage for the first month that their dependents are in the US, to provide health coverage until a longer-term health insurance plan is selected and/or purchased.

I understand that the insurance corporation underwriting the policy must have one of the following ratings (note: Insurance coverage backed by the full faith and credit of your home government meets these requirements):

- - -an A.M. Best rating of “A-” or above
- - -a McGraw Hill Financial/Standard & Poor’s Claims-paying Ability rating of “A-” or above
- - -a Weiss Research, Inc. rating of “B+” or above
- - -a Fitch Ratings, Inc. of ‘A-“ or above
- - -a Moody’s Investor Services rating of “A3” or above

I understand that U.S. government regulations require the University to notify the U.S. Department of State and to **terminate** my J-1 exchange visitor status if they determine that my family members or I willfully failed to comply with the insurance requirements.

By my signature below, I confirm that I understand the health insurance requirements, the costs involved, and the need to maintain insurance for my J-2 dependents throughout their stay in the US, and that I have sufficient financial support to provide insurance for myself and my J-2 dependent(s).

Name: _____

family (last) given (first) middle

Signature: _____ Date _____

Name of UCD Department: