

Immigration Services Office

J-1 INTAKE FORM – PART 2

To be completed by prospective appointee coming to UMMS.

Please complete & sign this form and return it to the sponsoring UMMS department's administrator. **Please type or print all information clearly. Incomplete or unclear information will cause delays in issuing Form DS-2019.**

Attach the following to this form:

1. **Passport Copy:** Copies of the biographical information pages from your passport (listing name, passport number, birth date and passport validity dates), for yourself and any accompanying family members. If you have passports from more than one country send a copy of the unexpired passport that you will use to apply for your J visa stamp (except Canadians) and to enter the U.S.
2. **Current Visa Documents (if any):** If you are currently living in the U.S., provide copies of ALL current visa documents including paper I-94 card (both sides) or electronic I-94 record.
3. **Previous J Visa History:** If you were in the United States at any time in J1 or J2 status, please provide copies of previous visa documents, such as Form(s) DS-2019, Form IAP66, J visa stamp.
4. **Diploma Copy:** Provide a copy of the highest diploma you have earned. If not in English, must be accompanied by a certified English translation. If Bachelor's degree is your highest diploma and degree was issued outside of the U.S., please provide an academic equivalency evaluation to verify that degree is at minimal equivalent to 4-year U.S. Bachelor's degree.
5. **Family Data Form:** If you are requesting visa documents for family (spouse and unmarried children under age 21).
6. **Updated C.V.**
7. **Funding Documents (if applicable):** If you are receiving funding for your stay from sources other than UMMS (i.e. home government scholarship), include evidence of this support.

Personal Information

Name (AS IT APPEARS IN PASSPORT): _____
FAMILY NAME, Given name(s)

Gender: Male Female Date of Birth (mm/dd/yyyy): _____ City of Birth: _____

Country of Birth: _____ Country of Legal Permanent Residence (not U.S.): _____

Country(ies) of Citizenship: _____ Passport number: _____
(List all countries of citizenship. List first the country whose passport you will use for traveling to the U.S. and obtaining the visa stamp.)

Contact Information

Contact Phone Number: _____

Email Address: _____

Permanent address outside the U.S.:

Current U.S. Address (if applicable)

Mailing Address

(Where Your Form(s) DS-2019 Will Express Mailed) Is this a residential address? Yes No

In Care Of (if applicable): _____ Company Name (if applicable): _____

Street Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Employment/Academic History

Current position (or last position if you are currently in the U.S.) in your country of permanent residence (check only one):

undergraduate student graduate student employee (list job title): _____
other (specify): _____

If you selected employee, please provide employer name: _____

Select One: Private Employer Local or State Government National Government
International Organization Other (specify): _____

Highest Academic Degree Earned: Bachelors Masters MD Doctorate Other: _____

Academic Field of Earned Degree: _____ Date awarded: _____

Prior UMMS Affiliation

Have you previously been affiliated with UMMS? No
Yes, dates of prior affiliation: _____

UMMS Department you were previously affiliated with: _____

U.S. Visa History

Are you currently in the United States?

No: At which U.S. Embassy/Consulate will you apply for your visa: _____
Date you plan to arrive in the United States: _____

Yes: Current visa status _____

Will you be traveling outside of the U.S. before starting your appointment at UMMS?

No

Yes: Anticipated travel dates: _____

Destination Country(ies): _____

Have you ever been in the United States as a J-1 or J-2 Exchange Visitor? No Yes

If yes, are you subject to 212e, the 2-year home residency requirement? No Yes Not Sure

If yes, have you applied for and received a waiver, or a recommendation for a waiver? No Yes (attach I-612 approval)

Please complete the following for any time that you have been in the U.S. in J1 or J2 status:

<u>Visa (J1/J2)</u>	<u>Start & End Dates on DS-2019 or IAP-66</u>	<u>J1 category & name of sponsoring institution</u>
_____	_____	_____
_____	_____	_____

Have you ever filed, or has someone filed for you, an application for U.S. permanent resident status?

No Yes (explain) _____

Family Members

Will your family travel to the U.S.? No Yes, they will accompany me* Yes, but they will arrive at a later date*

* Please complete the **Family Data Sheet** if your family members will be accompanying you or will enter the U.S. separately as dependents on your visa status. Only the spouse and unmarried children under age 21 are eligible for a dependent visa.

Health Insurance Requirements

The U.S. Department of State requires that all J-1 Exchange Visitors and their J-2 dependents must maintain the following minimum health insurance coverage for the duration of their stay in the United States*:

- Medical benefits of at least **\$100,000** per accident or illness;
- Repatriation of remains in the amount of **\$25,000**;**
- Payment of expenses associated with the medical evacuation in the amount of **\$50,000**;**
- A deductible not to exceed **\$500** per accident or illness.

*** The increased minimum required coverage levels (as noted above) go into effect on May 15, 2015.**

**** Note that UMMS purchases a Medical Evacuation and Repatriation Insurance for all UMMS J exchange visitors which meets these minimum requirements at no cost to the exchange visitor. Exchange visitors and their qualifying J2 dependents are automatically enrolled in this coverage upon UMMS appointment start date.**

The insurance corporation underwriting the policy must meet at least ONE of the following ratings or requirements:

- An A.M. Best rating of “A” or above
- An Insurance Solvency International, Ltd. (ISI) rating of “A-“ or above
- A Standard and Poor’s claims paying ability rating of “A-“ or above
- A Weiss Research Inc. rating of “B+” or above
- Backed by the full faith and credit of the government of the exchange visitor’s home country

An Exchange Visitor who willfully fails to maintain required insurance coverage set forth above or who makes a material misrepresentation to the sponsor [University of Massachusetts Medical School] concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant [22 CFR 62.14(h)].

UMMS Health Insurance Benefits

Depending on your affiliation with UMMS, you may or may not be eligible for health insurance coverage through the university. To find out if you are eligible for health insurance benefits, speak with the administrator in your host department.

- If you will be eligible for UMMS benefits, it is important to know that your UMMS health insurance benefits will not begin right away. There is a 2 -3 month waiting period (from your appointment start date) before coverage will begin. **It is your responsibility to purchase alternate coverage to bridge this two-month minimum gap.****
- If you are NOT eligible for UMMS benefits, you are still required to enroll for health insurance coverage through an independent provider.

****We recommend that you arrange for coverage BEFORE you arrive in the U.S.**

Statement of Compliance with Exchange Visitor Health Insurance Requirements

I acknowledge that UMMS has informed me of the health insurance requirements of the J Exchange Visitor Program. I understand that health insurance coverage for myself and my accompanying family members is mandatory for the duration of my J-1 Exchange Visitor program in the United States. I also understand that if I willfully fail to maintain the required insurance coverage for participation in the J-1 Exchange Visitor program, UMMS is obligated to terminate me from its Exchange Visitor Program and will notify the U.S. Department of State that I have been so terminated. Such action will result in my loss of legal immigration status in the United States and termination of my affiliation with UMMS.

Name (printed)

Signature

Date

RETURN THIS SIGNED FORM AND REQUIRED DOCUMENTS TO YOUR UMMS SPONSORING DEPARTMENT'S ADMINISTRATOR.
FORMS MUST BE COMPLETED IN FULL AND SIGNED BEFORE THEY WILL BE FORWARDED TO ISO FOR VISA DOCUMENT PROCESSING.