

Exchange Visitor Supplement Questionnaire Extension Request

Instructions:

- This form is to be completed by the Exchange Visitor.
- An extension of stay may be requested if the Exchange Visitor needs more time to complete his/her research activities or studies.

Section 1: Scholar's Information		
Last Name/Family Name:		First Name:
Date of Birth (MM/DD/YYYY):		
Local U.S. Address and Contact Information		
Street Address:		
City:	State:	Zip/Postal Code:
U.S. Phone:		Email: (Preferably Mednet UCLA Account)
Do you have J-2 Dependents in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please include copies of dependent(s) I-94 documents. J-2 dependent(s) will receive new DS-2019 documents together with the J-1 Exchange Visitor		
Do you need to add a NEW dependent or make any changes to your J-2 dependent record(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please complete the J-2 Dependent Information Form (provided by UCLA Host Department)		
Section 2: Waiver and Immigration Information		
Are you subject to the two-year home residency requirement - 212(e)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know		
If you are subject to 212(e), have you applied for a waiver?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Have you filed Form I-485 Adjustment of Status to Permanent Resident?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you filed Form I-140 in relation to an employment-based green card application?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you, or do you plan to become, engaged or married to a U.S. Citizen?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3: Mandatory Health Insurance Information Requirement for the Exchange Visitor

22CFR62.14 of the United States Code of Federal Regulations governing Exchange Visitor Programs requires that the exchange visitor obtain health, accident, medical evacuation and repatriation of remains insurance. The insurance policies must cover the exchange visitor and all accompanying dependents. J-1 Exchange Visitors at UCLA must have an insurance plan that meets at least the following coverage:

- **\$100,000 per accident/illness in medical coverage**
- **An annual deductible of no more than \$250**
- **Coinsurance that does not exceed 25%**
- **Medical evacuation up to \$50,000**
- **Repatriation up to \$25,000**

The insurance policy must be underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance solvency International, Ltd. (ISI) rating of "A-" or above, a Standard & Poor's Claims paying Ability of "A-" or above, a Weiss Research, Inc. rating of "B+" or above, or such other Rating services as the Agency may from time to time specify. Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement. The policy must also include a reasonable waiting period for pre-existing conditions.

Any exchange visitor who willfully refuses to comply with this requirement shall be considered to be in violation of his/her exchange visitor status. The program sponsor is obligated to inform the United States Department of State of the exchange visitor's noncompliance.

J-1 Exchange Visitors must provide the Visa and Licensing Office with a copy of proof of insurance within 10 business days of reporting their arrival. *(Students enrolled in UC SHIP are exempt from providing proof)* **An all-services hold from the Visa and Licensing Office will be placed on your record if you do not provide proof of insurance. This will affect your eligibility to receive services from the Visa and Licensing Office and UCLA and can result in termination of your J-1 status.** Appropriate forms of proof include: insurance cards, forms listing coverage, enrollment confirmation. You must provide proof of insurance coverage in English. If your policy is not written in English, you must provide an official translation of the insurance'

Check the plan below which reflects your current/future health insurance coverage:

UCLA Medical Benefits (Staff, Lecturer, Professor, etc.) - repatriation & medical evacuation insurance must be purchased separately.

Visiting Scholar Injury and Sickness Plan (VSISP) through Garnett-Powers (VGRs, Visiting Scholars, etc.) - attach evidence of enrollment.

UC Postdoctoral Scholar Benefits Plan (PSBP) - The medical evacuation and repatriation requirements necessary for Postdocs holding J-1 Visa status, and their dependents holding J-2 Visa status, are automatically covered through the Standard Life Insurance in which you are automatically enrolled. There is no need to purchase supplemental coverage for these requirements.

DGSOM Affiliate Medical Benefits (medical plan that meets all of the J-1 coverage requirements and insurer is rated at least A- or better by A.M. Best) - repatriation & medical evacuation insurance must be purchased separately.

Other (Check this option if approved for a waiver of any of the above plans) - attach evidence of waiver approval

Section 4: Insurance Compliance Certification

I, _____ (Exchange Visitor Name) certify that I have obtained medical, repatriation and evacuation insurance, as required by current J-1 regulations. This includes any of my family members who are currently in the United States in J-2 dependent status.

My insurance meets the following guidelines, as required by May 15, 2015:

Medical benefits:	\$100,000 per accident or illness
Repatriation of Remains:	\$25,000
Medical Evacuation:	\$50,000
Deductible:	not to exceed \$250

The information given on this request form is true, correct, and complete according to my best knowledge. Copies of documents submitted are exact photocopies of unaltered documents and I understand that I may be required to submit original documents to an Immigration of Consular official if needed. I have read the information provided regarding required insurance and funding. I will comply with the J non-immigrant status regulations and always maintain, for myself and any accompanying family members, during my stay in the United States, the required health insurance, medical evacuation insurance and repatriation of remains insurance.

Signature:	Date:
Print Name:	Email:

Exchange Visitor Supplement Questionnaire Extension Request Checklist

Step 1:

Complete the Exchange Visitor Supplement Questionnaire Extension Request

Step 2:

Compile the following supporting documentation.

Copy of current paper I-94 front and back OR electronic copy of I-94, printed from www.cbp.gov/i94

Copy of passport biographic page for the J-1 Scholar and J-2 Dependents (if applicable)

Copy of DS-2019 Forms

Proof of medical insurance, repatriation, and evacuation insurance.

Exchange Visitors Funding Information

Before a DS-2019 is issued, exchange visitors must show they have sufficient funds to carry out their primary activities at UCLA. The table below shows the current minimum amounts required to qualify for J-1 status:

For	Per Month	Per Year
J-1 Scholar	\$2,525	\$30,300
Additional Funds are required if Scholar is inviting J-2 Dependents		
Spouse	\$500	\$6,000
Each child	\$222	\$2,627
Minimum considers cost of basic accommodations, utilities, food, and transportation. Planning for more is strongly recommended. Health insurance is not included in the minimum financial requirements.		

People who are not going to be paid by UCLA **MUST** provide proof of funding and it must be:

- Written in English
- On letterhead from the funding source
- Signed by someone with the authority to dispense the funds from the funding organization
- Include the specific dates of funding coverage
- Include amount of funding in US dollars

Step 3:

Submit Exchange Visitor Supplement Questionnaire Extension Request and supporting documentation to your host department coordinator.