



SPECIAL INFORMATION and CERTIFICATION STATEMENTS REGARDING J-1 VISA STATUS

MANDATORY INSURANCE REQUIREMENT: Under regulation of the United States Information Agency, as of September 1, 1994 all individuals who receive a Form DS-2019 and enter the U.S. in J-1 exchange visitor status are required to have medical insurance to cover themselves and any accompanying J-2 dependents for the duration of their programs. The insurance coverage must provide the following minimum coverage. Major Medical Coverage: \$50,000; Repatriation of Remains: \$7,500; Medical Evacuation: \$10,000. **WILLFUL FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RESULT IN THE TERMINATION OF THE EXCHANGE VISITOR'S PROGRAM.**

WAIVER of the TWO-YEAR HOME RESIDENCY REQUIREMENT: Exchange visitors subject to the two-year home residency requirement who have been granted a waiver of this requirement are ineligible to extend J-1 status. In order that we may determine eligibility for extending your J-1, it is mandatory for you to certify whether or not you have applied for this type of waiver.

CERTIFICATION

Please respond and sign below the two statements below:

1. I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with minimum coverage as specified above for myself and accompanying dependents. I hereby affirm that I have the stated insurance for the effective period of all valid Form(s) DS-2019 issued to me.
2. I have applied for a waiver of the Two-Year Home Residency Requirement: _____ YES _____ NO

If yes, please provide your Department of State Case Number: _____

I hereby certify that I have read and understand the information regarding the insurance requirement as set forth by the Department of State, that I understand the two-year home residency requirement and that the information given by me on this application to extend J-1 status notice is true and correct to the best of my knowledge.

Signature of Exchange Visitor (Required)

Date

PERSONAL DATA INFORMATION

Please complete ALL information requested below:

Name (print): _____
(LAST (Family) Name) (First) (Middle))

Date of Birth: ____/____/____

Current Address: _____
Street City State Zip Code

Telephones: Home: (____) _____ Work: (____) _____
(Include area code for home number)

E-MAIL: _____ Pager#/Cellular# _____