

Please Note: This form should be completed by J-1 Exchange Visitors in order to add dependent family members.

I. Exchange Visitor (EV) Information

UIN: _____ SEVIS ID: N _____ Date of Birth: _____
 Family Name/Surname: _____ First/Given Name: _____ Middle Name: _____
 Current U.S. Address: Street, House Number, Apt.: _____
(This MUST be your place of residence, not the department or a P.O. Box)
 City: _____ State: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email: _____

II. Dependent Information

- If dependents are in the U.S. or if you are requesting a DS-2019 for dependents, please provide their information below in the table
- Dependents are defined as your spouse or unmarried children under 21
- Do not include dependents who are U.S. citizens
- For each dependent, please attach a copy of passport information page containing: name, picture, date of birth, passport number, and expiration page (other pages are not necessary)
- Attach additional sheet if necessary

Name (Family, Given Name)	Relationship	Birth Date: MM/DD/YY	City of Birth	Country of Birth	Country of Legal Permanent Residence	Country of Citizenship

* If country of Permanent Residency is different from country of citizenship, please list both.

III. Funding

Attach proof of support for funding from Sources B-G on the following page. Financial documents must be on institutional letterhead and NOT older than six months. Translate documents, if not in English, and covert funding amount to U.S. dollars. Current minimum expense amounts per month are: \$1,800 for J-1; \$525 for first dependent; \$400 for each additional dependent. Please allow for additional funding to cover the required health insurance for each of your dependents. More information regarding funding requirements can be found at: http://www.ois.uic.edu/faculty_staff_and_scholars//funding_requirements/.

Source	Amount:
	Per Year <input type="checkbox"/> Per Month <input type="checkbox"/>
A) Salaried(through UIC Payroll)	\$ _____
- Is UIC funding from any U.S. government agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	
- If yes, is funding specifically designated for international exchange? <input type="checkbox"/> No <input type="checkbox"/> Yes	
- If yes, name of agency: _____	
B) Direct from U.S. Government Agency Name: _____	\$ _____
C) From International Organization(s) Name: _____	\$ _____
D) Exchange Visitor's Government	\$ _____
E) Bi-National Commission (e.g. Fulbright) Name: _____	\$ _____
F) Other organization(s) Name: _____	\$ _____
G) Personal Funds	\$ _____
TOTAL FUNDING (add A through G): \$ _____	

IV. Health Insurance

Health insurance coverage *must* meet specific U.S. Department of State Exchange Visitor requirements. For additional information, visit the OIS website at: http://www.ois.uic.edu/faculty_staff_and_scholars/j/insurance/. At all times, you and your J-2 dependents must possess:

1. Proof of health insurance AND
2. Information about the health insurance policy to show it meets immigration requirements.

Do you have the required health insurance coverage? No Yes

If UIC provides your health insurance, have you purchased the supplemental coverage? No Yes

Please provide a photocopy of your current health insurance information.

V. Sponsoring Department Must Complete This Section

The information noted above is true and correct. This individual is participating in the activities stated on the DS-2019 and is in good standing in this department. ***If UIC funded: I have verified that the funding listed in Section III is correct.***

Signature of Dean/Dept. Head Title/Department Print Name Date

VI. Certification

I certify that the information contained in this form is correct. I possess the required health insurance and will provide the required coverage for my J-2 dependents. I understand that my status will be terminated if I fail to participate in the proposed activities; and/or engage in unauthorized employment; and/or willfully fail to maintain the required health insurance coverage for myself and any of my J-2 dependents. I understand that I must notify OIS of my change in residential address within ten days of moving, in order to maintain my J-2 status.

Signature of J-1 Exchange Visitor Department Print Name Date