

# J2 Dependent Application

## 2015

This application must be completed and submitted with the J1 Application for either Internship USA, Graduate Internship USA or Professional Career Training USA.

### Please note:

- At the top of the application (marked “Applicant’s Last Name and Applicant’s First Name”) please put the details of the **J1 Applicant** – not the J2 Applicant.
- You must include a good quality photocopy of your passport ID page – preferably in colour. As with the J1 Application, if the passport of the J2 applicant is due to expire less than 6 months after the proposed END date of the J1 programme in the USA, we would strongly recommend applying for a new passport.
- **Proof of Dependent Status:** Please only provide COPIES of these. Documents will not be returned.
- **Insurance** – please make sure the insurance you purchase meets the requirements of the J2 Programme. **NORMAL TRAVEL INSURANCE DOES NOT NORMALLY MEET THESE REQUIREMENTS.** CIEE reserve the right to refuse sponsorship for J1 applicants who have purchased insufficient insurance. IST Plus can advise on where to purchase this insurance.
- **Proof of Financial Support:** Should the salary in the USA of the J1 Applicant exceed \$2000/month, then the listed salary on the DS- 7002 Training Plan will be sufficient. In all other cases the J1 Participant will need to show access to additional funds of at least \$750/month per J1 Applicant for the duration of the intended time in the USA.

### What Happens Next?

Once you have this completed, please send all relevant documentation to IST Plus. In some cases this can be after the original J1 Application has been submitted but should be no later than 6 weeks before the intended departure date.

Once you receive your legal documentation from us you are then free to book your face to face interview at the Embassy. Details on doing this can be found on our website – [www.istplus.com/usembassy](http://www.istplus.com/usembassy)

**Once you have your completed application ready, please make a copy of all documents for your own records**

Applications can be submitted via post (to the address below) or via email to [info@istplus.com](mailto:info@istplus.com) (please only submit single pdf files no larger than 5 mb).

# ist plus

### Final Checklist:

If any of this information is missing we will not be able to start your application!

- A good copy of the J2 Applicant’s passport
- Proof of Dependent Status
- Proof of insurance for J2 status in the USA
- Proof of financial support

## FEE: £300 per J2 Applicant

Please note this fee does not include the \$160 payable direct to the US Embassy when booking your visa interview. For full information on the Embassy process please see [www.istplus.com/usembassy](http://www.istplus.com/usembassy)

**BY POST: PLEASE SEND YOUR COMPLETED APPLICATION TO:**

IST PLUS USA PROGRAMMES, CHURCHAM HOUSE, 1 BRIDGEMAN ROAD,  
TEDDINGTON, MIDDLESEX, TW11 9AJ



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA J-2 DEPENDENT APPLICATION

Applicant Last Name:

Applicant First Name:

## INSTRUCTIONS AND CHECKLIST FOR J-2 DEPENDENT APPLICATION

A dependent is a spouse or an unmarried child (under 21 years of age) who will be accompanying the J-1 Exchange Visitor to the U.S. The Certificate of Eligibility (DS-2019 Form) for a J-2 dependent only allows for the dependent to travel with the J-1 Exchange Visitor. As the primary J-1 Exchange Visitor, it is your responsibility to prove financial support for each J-2 dependent in the amount of \$1000.00 per J-2, per month in the U.S.

In order to provide a DS-2019 for the J-2 dependent, CIEE requires the following:

- A complete biographical information section on each dependent (below)  
Please submit additional pages if you have more than two dependents.
- A copy of a valid passport for each dependent
- Proof of dependent status: marriage certificate for spouse; birth certificate for child
- Proof that each dependent has adequate insurance coverage for their entire duration of stay in the U.S. (and a copy of the insurance policy)
- Proof of financial support for each J-2 dependent in the amount of \$1000.00 per dependent, per month

### J-2 DEPENDENT

Last name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
First name:	Date of birth (dd/mm/yyyy):
Middle name:	Contact Number while in U.S.:
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child (under 21 years of age)	Email:
Date of departure to U.S. (dd/mm/yyyy):	Date of return to home country (dd/mm/yyyy):
City of birth:	Country of birth:
Country of citizenship:	Country of legal permanent residence:
Passport number:	Passport expiration date (dd/mm/yyyy):

### J-2 DEPENDENT

Last name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
First name:	Date of birth (dd/mm/yyyy):
Middle name:	Contact Number while in U.S.:
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child (under 21 years of age)	Email:
Date of departure to U.S. (dd/mm/yyyy):	Date of return to home country (dd/mm/yyyy):
City of birth:	Country of birth:
Country of citizenship:	Country of legal permanent residence:
Passport number:	Passport expiration date (dd/mm/yyyy):



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA J-2 DEPENDENT APPLICATION

Applicant Last Name: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_

## CULTURAL EXCHANGE

What American cultural activities do you hope to participate in while in the U.S?  
(These can be activities that you plan to participate in with your J-1 or on your own. Please disregard this question if the J-2 is a minor.)

## APPLICANT CONFIRMATION

I (print your name), \_\_\_\_\_, certify that the information provided on the J-2 dependents is true and correct.

Applicant Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

## J-2 DEPENDENT INSURANCE COVERAGE GUIDELINES

J-2 applications must include proof of insurance coverage for each J-2 dependent listed on the application for their entire duration of stay in the U.S. This proof must include a summary of benefits for the policy and show that the policy meets the minimum requirements mandated by the U.S. Department of State. All J-2 insurance policies must be reviewed and approved by a CIEE representative.

## COVERAGE LEVEL REQUIREMENTS

Benefit	Requirements
Medical coverage	Minimum of \$100,000 per accident or illness
Repatriation of mortal remains	Minimum of \$25,000
Evacuation expenses to home country	Minimum of \$50,000
Deductable/Co-pays	Not to exceed \$500 per accident or illness
Coinsurance	Not to exceed 25% of covered benefits per accident or illness

## OTHER REQUIREMENTS

- Policies may require a waiting period for pre-existing conditions, but any such waiting period must be reasonable as determined by current industry standards.
- The policy shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor is participating.
- The Policy must, at a minimum, be underwritten by an Insurance Corporation having an A.M. Best rating of "A-" or above, and Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard Poor's Claims-paying Ability rating of "A-" or above, a Weiss Research, Inc, rating of B+ or above (the company's rating should be listed on the insurance company's website or is available by calling the company).

Applicants should contact their CIEE representative if they have any questions about J-2 insurance requirements.