

## **J-1 Visitor Application**

### **Applicant Information**

Full Name:										
	Surname/Primary Name		Given Name(s	)						
Date of Birth:										
City of Birth:			Country of Birth:							
Is this your Country of Citizenship?				□ Yes □ No						
	lf not, pleas	e enter your countr	y of citizenship:							
Is this your Country of Legal Permanent Residence (LPR):  □ Yes  □ No										
If not, please enter your country of LPR:										
Non US Address:										
	City		Country	Province/Territory Postal Code						
Email:			Phone:							
Current Occupation:		□ Professor	Graduate Studer	t □Undergraduate Student						
		Other:								
Category:		□ Professor	□ Scholar	Short Term Scholar						
Major/Field of	Study:									
Description of	f Activity at I	JAA:								
Expected Arri	val Date in t	he US:	Expected	f Finish:						
Direct Contact at UAA:			Department:							
•		buse or children? copies of their pass	□ Yes ports with this application	□ No n						
		English P	roficiency Requiremen	t						
Meet one of the • Have ci	• •		in a country whose prin	nary language is English						

• Copy of diploma from U.S. institution or foreign institution where instruction occurred in English

- Copy of official scores from a recognized English language test taken within the last two years
- J-1 English Proficiency Interview Assessment Report

#### **Proof of Funding**

Proof of funding is needed to create a DS-2019 in order to apply for a J visa. Below are the minimum amounts required for funding based on one month in Anchorage, Alaska. These amounts are taken from the Living Wage Calculator estimates of required annual income after taxes. Information about the study can be found online: <u>http://livingwage.mit.edu/</u>.

Proof of Funding must be provided for the duration of the scholars stay.

	Scholar	Scholar + Spouse	Scholar + 1 Child	Scholar + Spouse + 1 Child	Scholar + Spouse + 2 Children	Scholar + 2 Children
Total Minimum Per Month	\$1,900	\$2,980	\$3,880	\$4,360	\$5,260	\$4,850

#### This proof could include any or all of the following:

- Offer letter from UAA indicating a salary or stipend
- Scholarship or sponsor letter signed and on company's letterhead
- Personal bank statement—if statement does not have scholar's name on it, it must be accompanied by a sponsor letter stating that the money will be used for the scholar's stay

#### Health Insurance: Department of State Requirements

Under regulations of the United States Department of State (DOS), all individuals who enter the U.S. on a J visa are required to have medical insurance for themselves and their dependents for the duration of their program. An insurance policy must meet the following requirements:

- \$100,000 for each illness or accident with a deductible to not exceed \$500 per illness or accident
- \$50,000 for medical evacuation
- \$25,00 for repatriation of remains
- Coverage for pre-existing conditions at start of policy or with a reasonable waiting period
- Co-payment that doesn't exceed 25% co-pay by the exchange visitor and/or does not exclude benefits for perils inherent to the
  activities of the exchange visitor's program
- Meet one of the following requirements:
  - Underwritten by an insurance corporation having: an A.M Best rating of "A+" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A+" or above; a Weiss Research Inc. rating of "B+ or above; a Fitch Ratings, Inc. rating of "A+" or above; a Moody's Investor Services rating of "A3" or above
  - Be backed by the full faith and credit of the government of the visiting scholar's home government
  - Part of a health benefits program offered to employees by the sponsor(UAA employed scholars only)
  - Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services

The Visiting Scholar should consult with ISS to ensure that the coverage that they plan to bring meets or exceeds these requirements *prior* to arriving in the United States. It is the responsibility of the Visiting Scholar to provide insurance information and policy coverage to ISS. Willful failure to maintain insurance coverage during the program will result in termination of the program.

# By signing this form, I agree that all the information accurate and that I have read through and understand the English language requirements, the financial obligation and health insurance requirements explained on this form:

Date