

## **REQUEST FOR J-1 STUDENT EXTENSION OF STAY**

### **For Endorsement by Department**

1. This is to verify that \_\_\_\_\_ is a student pursuing the \_\_\_\_\_ degree in the department of \_\_\_\_\_

2. I recommend that his/her legal stay in the U.S. be extended from \_\_\_\_\_ to \_\_\_\_\_ in order to continue with the same academic objective.

3. Financial support for the principal and accompany dependents must be documented. Minimum acceptable support can be found on the "Financial Documentation Sheet" in the forms area of International Student and Scholar Services in the International Affairs website.

Dependent support must be at least \$6,600 per year for an adult and \$3,300 for each child. The funds to cover the entire period for which this extension of stay is requested will be provided as follows:

-Department assistantship: \$ \_\_\_\_\_ (\$ \_\_\_\_\_ per year)

-Department salary/stipend: \$ \_\_\_\_\_ (\$ \_\_\_\_\_ per year)

-Other institutional, governmental, organizational, or personal resources:  
(please specify and attach documentation)

Source of funds: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ (\$ \_\_\_\_\_ per year)

**TOTAL AMOUNT FOR THE ENTIRE PERIOD: \$ \_\_\_\_\_**

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Academic Advisor Signature

Name Printed

Date

# Exchange Visitor Health Insurance Certification For Endorsement by J-1 Student or Scholar

The government of the United States of America **requires all J-1 Exchange visitors and their accompanying J-2 dependent family members to comply with specific health insurance requirements.** These requirements were explained in the information you received with your first Form DS-2019 from the University of Nebraska-Lincoln. They are explained in the box immediately following. **Please provide a copy of your insurance card for yourself and your dependents.**

**EVERY EXCHANGE VISITOR MUST FULFILL EACH OF THE FOLLOWING INSURANCE REQUIREMENTS**

- (1) Medical benefits of at least \$50,000 per accident or illness;
- (2) Repatriation of remains in the amount of \$7,500;
- (3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and
- (4) A deductible not to exceed \$500 per accident or illness

An insurance policy secured to fulfill the requirements of this section:

- (1) May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
- (2) May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefit per accident or illness; and
- (3) Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any insurance policy secured to fulfill the above requirements 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-i" or above, a Standard & Poor's Claims-paying Ability rating 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.

*Health insurance policy information forms are available at International Affairs.*

I certify that I am in compliance with these requirements for myself and for my J-2 dependent family members and have submitted a copy of the applicable insurance cards to International Affairs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**VERIFICATION**

Documentation: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** After the new Form DS-2019 is prepared, the Exchange Visitor, student or scholar must come to International Affairs to sign the form and complete the extension of stay application process.  
**It is the Exchange Visitor responsibility to provide his/her department with copies of executed documents for Extension.**