

Family Travel Information

(except H-4 dependents). Please print clearly or type

| | | | | |
|------------------------------------|--------------|---------------|--------------------|-------------------------|
| Your Name First or Personal | | | Last or Family | Job Title at Jefferson: |
| Month of Birth | Day of Birth | Year of Birth | Work phone number: | Social Security Number |
| | | | | |

Female Male Visa status: _____ Email address: _____

Annual salary: \$ _____ Department/division: _____

Course of study/area of research: _____

| |
|---|
| For TJU Payroll: Timekeeper must verify salary. I verify that the individual named above receives the annual salary listed above. |
| Timekeeper's name (print) _____ |
| Timekeeper's signature _____ |

| | |
|--------------------------|---|
| <input type="checkbox"/> | I would like ONLY one travel letter that includes information for all family members listed below. |
| <input type="checkbox"/> | I would like individual travel letters for each family member listed below. |
| <input type="checkbox"/> | REQUEST FOR FAMILY TRAVEL DS-2019 (FORMERLY IAP-66) FOR J-2 DEPENDENTS: SEE REVERSE |
| <input type="checkbox"/> | REQUEST FOR FAMILY TRAVEL I-20 FOR F-2 DEPENDENTS: SEE REVERSE |
| <input type="checkbox"/> | Proof of my health insurance (including medical evacuation and repatriation) is attached. (MANDATORY for J/F holders) |
| <input type="checkbox"/> | Family member(s) will live with me at my home address. IF YOU HAVE CHANGED ADDRESS, YOU MUST INFORM OUR OFFICE AND INS WITHIN TEN (10) DAYS OF THE CHANGE. |
| <input type="checkbox"/> | Family member(s) will live at a different address: SEE REVERSE. |

Family Information:

Please provide the following information for each family member who will be traveling to visit you in the United States.
Use additional sheet of paper, if necessary.

Name First/Personal _____ Last/Family _____ Female
 Male

| Month of Birth | Day of Birth | Year of Birth | Relationship to you: | Approximate travel dates (MM/DD/YY): | | |
|----------------|--------------|---------------|----------------------|--------------------------------------|--|----|
| | | | | From | | To |

City of birth _____ Country of birth _____ Citizen of _____

Embassy or Consulate where this individual will go to apply for visa: _____

Name First/Personal _____ Last/Family _____ Female
 Male

| Month of Birth | Day of Birth | Year of Birth | Relationship to you: | Approximate travel dates (MM/DD/YY): | | |
|----------------|--------------|---------------|----------------------|--------------------------------------|--|----|
| | | | | From | | To |

City of birth _____ Country of birth _____ Citizen of _____

Embassy or Consulate where this individual will go to apply for visa: _____

Please allow 10-15 working days after OIES receives complete, clear family information before your travel letter(s), I-20 and/or DS-2019 can be processed.

ANTICIPATED ADDRESS OF FAMILY MEMBERS IN U.S.

- Family member(s) will live with me at my home address. IF YOU HAVE CHANGED ADDRESS, YOU MUST INFORM OUR OFFICE AND INS WITHIN TEN (10) DAYS OF THE CHANGE.
- Family member(s) will stay at this address:
Street Address _____

City _____ State _____ Zip _____

Telephone _____

REQUEST FOR FAMILY TRAVEL DS-2019 (FORMERLY IAP-66) FOR J-2 DEPENDENTS

To provide you with Form DS-2019 for family travel, OIES must have the following:

- Complete family information (page one of this form)
- Signature of program supervisor (see below)
- Proof of health insurance, including coverage for medical evacuation and repatriation of remains. No family travel DS-2019 will be issued without proof of adequate health insurance.
- Proof of adequate funding (please see ANNUAL MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS). If additional funding must be guaranteed, please attach original documentation in English (or accompanied by a certified translation) and converted into U. S. dollars.

| ANNUAL MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS | EFFECTIVE September 2002 | | |
|--|---------------------------------------|--|----------|
| | <u>With health insurance included</u> | <u>Without health insurance included</u> | |
| <small>Note: Employees must be paid according to job descriptions and titles at rates determined by Compensation in the Department of Human Resources. The figures on this chart represent the minimum for immigration paperwork only. Additional funds can be provided through the J-1's personal bank statements. Self-funded individuals must be able to prove they have these funds.</small> | J-1 only | \$20,500 | \$21,000 |
| | J-1 + 1 Dependent | \$24,500 | \$27,000 |
| | J-1 + 2 Dependents | \$26,500 | \$29,000 |
| | J-1 + 3 Dependents | \$28,500 | \$30,000 |

Supervisor: Please read and sign

The J-1 Exchange Visitor named on the first page of this form is fulfilling the responsibilities of his/her program for which he/she entered the United States in J-1 Status. I am aware that regulations pertaining to J-1 visa holders state that health insurance is mandatory for them and any dependents they may bring with them to the United States, whether they travel with the J-1 visa holder or join them later.

Supervisor's Name _____

Title _____ Phone Number _____

Signature _____

REQUEST FOR FAMILY TRAVEL I-20 FOR F-2 DEPENDENTS

To provide you with Form I-20 for family travel, OIES must have the following:

- Complete family information (page one of this form)
- Proof of health insurance, including coverage for medical evacuation and repatriation of remains. No family travel I-20 will be issued without proof of adequate health insurance.
- Proof of adequate funding (additional US\$4000/year per dependent). If additional funding must be guaranteed, please attach recent original documentation in English (or accompanied by a certified translation) and converted into U. S. dollars.
- Academic Advisor: Please read and sign**
I certify that the F-1 student named on the front of this form is currently enrolled full-time in the academic program described on his/her current Form I-20, and he/she is making normal progress in this academic program.

Advisor's Name _____

Title _____ Phone Number _____

Signature _____