

## DS-2019 EXTENSION REQUEST CHECKLIST

All documents below must be submitted to [oa@jefferson.edu](mailto:oa@jefferson.edu).

- ☐ Complete **DS-2019 EXTENSION REQUEST Form**
- ☐ Check **J-1 MINIMUM FUNDING REQUIREMENT** on Page 2
- ☐ **If on Jefferson Payroll:** Salary verification by HR ☐ **If on TJU-affiliated Payroll:** Updated job offer letter with program period
- ☐ **If Non-Jefferson Payroll:** **Proof(s) of Financial Support from funding source** in English and in US dollars
- ☐ Any updated passport, visa, and I-94
- ☐ Proof of Health Insurance—See **Page 2** for more information

<b>CURRENT J-1 CATEGORY</b>	<input type="checkbox"/> <b>Research Scholar:</b> maximum program length is 5 years <input type="checkbox"/> <b>Professor:</b> maximum program length is 5 years; non-tenure track position <b>*Self-funded J-1s are permitted to participate up to maximum of 1 year total.</b>		
<b>EXTEND DS-2019 TO END ON</b>	Month _____ Day _____ Year _____		
<b>SURNAME/FAMILY NAME</b>			
<b>FIRST NAME</b>			
<b>E-MAIL ADDRESS</b>			
<b>DEPARTMENT/DIVISION</b>			
<b>PRIMARY LOCATION OF RESEARCH ACTIVITY</b> Enter the full address.	Address 1: Address 2: City: _____ State: _____ Zip Code: _____		
<b>OFFICE/LAB PHONE NUMBER</b>	( ) -		

**All J-1 Exchange Visitors must receive financial support of some kind from Thomas Jefferson University or affiliates.**

<b>How will J-1 Exchange Visitor receive support from TJU or affiliates? If not receiving salary, institutional commitment must be equal to or more than \$500.</b>	Department must show institutional commitment in the form of funding from TJU. This is required for institutional tax records.	
	<input type="checkbox"/> Salary US \$ _____	<input type="checkbox"/> Lab supplies
	<input type="checkbox"/> monetary compensation (i.e. stipend or honoraria)	<input type="checkbox"/> If other, please specify
	<input type="checkbox"/> reimbursement* of health insurance	:
	<input type="checkbox"/> reimbursement* of housing	
	<input type="checkbox"/> reimbursement* of business travel	
*Reimbursement here means exact amount for expense i.e. J-1 provides the receipts.		

**How will J-1 Exchange Visitor be supported by other funding sources? Check all that apply.**

Name of agency/organization/institution (DO NOT LEAVE BLANK)		
<input type="checkbox"/> International Organization	_____	US \$ _____
<input type="checkbox"/> Home Government Funding	_____	US \$ _____
<input type="checkbox"/> Private Organization/Employer	_____	US \$ _____
<input type="checkbox"/> Personal funds	_____	US \$ _____
(Name of the bank—Attach bank statements or bank guarantee letter)		

<b>Supervisor's Name</b>	_____	<b>Title</b>	_____
<b>Phone Number</b>	_____	<b>Email</b>	_____
<b>Supervisor's Signature</b>	_____	<b>Date</b>	_____

### FOR DEPARTMENT/DIVISION CHAIR

As Chair of the department/division, I approve the amount of time and funding requested as necessary to complete the goals and objectives of the research. I recommend that you authorize this researcher to continue the J-1 Exchange Visitor's Program as initially described. I am aware that regulations pertaining to J-1 Exchange Visitors state that health insurance is mandatory for them and any dependents they may bring with them to the United States for the duration of their program. **[22 CFR 62.14]** This Exchange Visitor is not being hired for, nor will he/she be promoted to a tenure track position while participating in the exchange visitor program.

<b>Department/Division Chair's</b>	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
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## HEALTH INSURANCE REQUIREMENT

The U.S. Department of State requires all J-1 Exchange Visitors and their J-2 dependents to have health insurance for the full duration of their J program. Willful failure to carry health insurance requirements will result in the termination of your exchange visitor program. Minimum requirements for health insurance coverage are found in [22 CFR 62.14].

- ❖ **Minimum Requirements for Jefferson J-1 program participation are:**
  - Medical benefits of at least \$250,000 per accident or illness
  - Repatriation of remains in the amount of \$25,000
  - Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$100,000
  - A deductible not to exceed \$500 per accident or illness.
- ❖ The DS-2019 **will not be issued** without proof of health insurance.
- ❖ **Things to remember when you buy health insurance**
  - OIA only accepts plans by insurance providers **with U.S. contact information**. Otherwise, you must enroll in an **eligible insurance plan from a U.S. insurance company**
  - You must show the proof of health insurance at the check-in appointment with OIA

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## J-1 MINIMUM FUNDING REQUIREMENT

### ANNUAL MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS

The figures on this chart represent the minimum amount for immigration paperwork. Cost of health insurance is not included in the minimum financial requirements. The scholar must purchase health insurance after showing the minimum funding.

<b>J-1 only</b>	\$32,100
<b>J-1 + 1 Dependent</b>	\$40,125
<b>J-1 + 2 Dependents</b>	\$48,150
<b>J-1 + 3 Dependents</b>	\$56,175
<b>J-1 + 4 Dependents</b>	\$64,200

**Jefferson J-1 POST-DOC salary must match the Postdoc Affairs minimum.**