

J-1 SCHOLAR EXTENSION OF STAY REQUEST FORM

Directions: Scholar must complete Section A and B. Department must complete Section C. Scholar submits this form with a copy of financial documentation and insurance to ISSO. Details regarding insurance are included on the next page of this request form. ISSO does not accept emailed/scanned requests. Please drop off or use campus mail. **Please note:** *Research Scholars* and *Professors* are limited to five years of program participation. *Short-term Scholars* are limited to six months of program participation.

SECTION A: SCHOLAR INFORMATION

Full Name _____ Today's Date _____

SEVIS ID Number on DS2019: _____ NU ID Number: _____

Date of Birth (MM/DD/YYYY): _____ E-mail Address: _____

SECTION B: FINANCIAL CERTIFICATION

Please attach proof of financial support for you and any accompanying dependents:

VISITING SCHOLARS: \$20,760/YEAR \$1,730/MONTH

DEPENDENTS: SPOUSE \$ 6,708/YEAR \$ 559/MONTH
CHILDREN \$ 3,912/YEAR \$ 326/MONTH

List the funding sources that cover the duration of the extension of stay (funding may come from multiple sources):

- Departmental Funds (please attach a copy of the offer letter): \$ _____
- Personal Funds (attach copy of official letter from personal banking institution): \$ _____
- Other Funds (attach copy of official letter from sponsor's financial institution): \$ _____
- Insurance: As required by U.S. Department of State, I have attached the 'Confirmation of Benefits' from my insurance, which outlines the coverage any accompanying dependents and I have. I understand that failure to provide proof of insurance will delay the issue of my DS-2019 and could jeopardize my immigration status.**

Printed Name of Scholar

Signature of Scholar

SECTION C: ACADEMIC ADVISOR/FACULTY SPONSOR/DEPARTMENT HEAD

The above named scholar is a visiting scholar or professor in the Department of _____

I recommend that this scholar's legal stay in the U.S. be extended to _____ (MM/DD/YEAR).

Printed Name

Signature

E-mail

Phone

Today's Date

Exchange Visitor Health Insurance Certification

The government of the United States of America **requires all J-1 Exchange visitors and their accompanying J-2 dependant family members to comply with specific health insurance requirements.** These requirements were explained in the information received with the first Form DS-2019 from the University of Nebraska-Lincoln. They are explained in the box immediately following. **ISSO must have copies of the insurance policy (in English) for the primary J-1 and any accompanying dependents, covering the duration of the J-1 program.**

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

1. Medical benefits of at least \$100,000 per accident or illness;
2. Repatriation of remains in the amount of \$25,000;
3. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and
4. A deductible not to exceed \$500 per accident or illness.

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

- A. May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
- B. 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
- C. 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.

International Student and Scholar Office
1100 Seaton Hall, Suite 201
Lincoln, NE 68588-0639
P: 402-472-0324/F:402-472-0589
<http://isso.unl.edu> isso@unl.edu