

UNIT INSTRUCTIONS FOR EXTENDING J-1 EXCHANGE VISITOR STATUS

The process of extending the exchange visitor's J-1 status should begin at least thirty to sixty days before the expiration date of the visitor's current DS-2019 form. The steps below should be handled at the unit level.

- () ***Continuation of Appointment Forms:*** Prepare a continuation form (e.g., PER2 or EZ Form) as appropriate.
- () ***Financial Support:*** If the AgCenter will not be providing financial support, obtain an official statement of the visitor's source and amount of income (i.e., a statement from visitor's government, a sponsoring organization, visitor's employer, bank letter certifying personal income, etc.) **if the current statement has expired.** The suggested minimum for the Exchange Visitor is \$1000 per month (plus \$250 per month for each dependent entering the U.S.). The AgCenter reserves the right to refuse to issue a DS-2019 to visitors having less than the required minimum amount of monthly income.
- () ***Insurance Coverage:*** Request that the visitor provide proof of continued insurance coverage for himself/herself and any dependents as specified in the attached Certificate of Insurance form (if current coverage is expiring).
- () ***The DS-2019.*** Submit all of the above materials to the AgCenter Human Resource Office. The completed DS-2019 for extension of status will be returned to you for forwarding to the visitor.

Please keep this office informed of any changes in the visitor's status.

Benefits available to J-1 visitors depend primarily on the terms of their appointment.

NOTE: Please allow three weeks after submission of these documents for processing the DS-2019 form.

CERTIFICATE OF INSURANCE

Required for J-1 Exchange Visitors

(To be completed and signed by the Company Agent and also signed by the exchange visitor)

Name _____ SSN _____

Unit _____ Title _____

I certify that the above named individual and _____ dependents have
insurance coverage for the period _____^{number} through _____

which meets or exceeds the following levels:

Medical benefits of at least \$50,000 per accident or illness

Repatriation of remains in the amount of \$7,500

Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of \$10,000

A deductible not to exceed \$500 per accident or illness

NAME OF INSURANCE COMPANY _____

INSURANCE COMPANY AGENT NAME _____

Signature of Agent

Date

TO BE COMPLETED BY THE EXCHANGE VISITOR ONLY IF ABOVE HAS BEEN SIGNED BY THE INSURANCE COMPANY:

***NOTE:** As a J-1 Exchange Visitor Program participant, you and any dependents who accompany you are required by the United States Information Agency to have health insurance in an amount no less than what is indicated above. You must purchase health insurance prior to beginning your exchange program. You will be responsible for continuing insurance coverage and will be required to provide documentation of continuation.*

I have enrolled in the above insurance program. I will continue to maintain this coverage and will notify your office of any changes and provide appropriate documentation of any changes. I will provide documentation of continuation of the required coverage upon request for extension of J-1 status. **I understand that failure to comply with these terms will result in the AgCenter terminating its sponsorship of my visit.**

Signature of Exchange Visitor

Date