

UNIT INSTRUCTIONS FOR OBTAINING J-1 EXCHANGE VISITOR VISA

The process of obtaining a J-1 visa should begin several months before the anticipated appointment date. The AgCenter Human Resource Management Office coordinates the process of ensuring that eligibility requirements for the J-1 program are met, appointing the visitor on a gratis or paid basis, as appropriate, and preparing the necessary forms to obtain a J-1 visa. Steps in the overall process are detailed below. Please note that the International Programs Office serves a coordinating function for all international training in the AgCenter.

- () **Signed copy of Request for Arrangements for International Visitor:** You should have received the signed copy of this form which was reviewed by the Human Resource Management Office and the International Programs Office. Please attach a copy of that form when submitting the documents listed below.
- () **Appointment Forms:** Prepare appointment forms as appropriate (e.g., PER1a & b and PER2).
- () **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.). 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 obtain the required insurance specified in the attached materials
- () The visitor must complete the **J-1 Exchange Visitor Insurance Statement**. The completed form must be submitted to the AgCenter HRM Office with the personnel action forms (PER1a & b and PER2) noted above. **The DS-2019 form will not be issued without this form.**
- () If the visitor's government will not be providing insurance coverage, the visitor must have the **Certificate of Insurance** form completed by his/her insurance carrier for submission to this office prior to employment. If the exchange visitor's government will be providing insurance coverage, the visitor must submit a letter on official letterhead from his/her government stating that the insurance being supplied provides the required levels of coverage as stated on the Certificate of Insurance form.

NOTE: The required insurance may be purchased after arriving in the US; however, the exchange visitor may not begin work until proof of coverage is submitted to the AgCenter HRM Office. Brochures from insurance companies who provide insurance for internationals may be requested from the AgCenter HRM Office.

The exchange visitor may be eligible for coverage through the State Employees Group Benefits Program, depending on the terms of employment (i.e., employed at least 120 days and 75% of full-time or greater, excluding gratis). Contact the AgCenter HRM Office for additional forms.

- () **Purpose of Visit.** Make a set of copies of correspondence between the visitor and the AgCenter. This material provides background for the purpose of the visit.
- () **The DS-2019.** Submit all of the above materials to the AgCenter Human Resource Office. The completed DS-2019 will be returned to you for forwarding to the visitor. The DS-2019 is used by the visitor to obtain a J-1 visa.

Please keep this office informed of any changes in the visitor's status. Please advise us when the visitor actually reports to your unit so that the effective date on the appointment forms can be finalized and additional appointment forms can be completed.

The Exchange Visitor Program requires that all new visitors go through an orientation process. Contact the International Programs Office to make the necessary arrangements.

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

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
number
coverage for the period _____ 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

J-1 EXCHANGE VISITOR INSURANCE STATEMENT

As a J-1 Exchange Visitor Program participant, you and any dependents who accompany you are required by the United States Information Agency (USIA) to have health insurance with minimum coverage as specified below (for the duration of your exchange visitor program). You will be responsible for continuing insurance coverage and will be required to provide documentation of continuation.

Minimum levels of required insurance coverage:

- *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*

I hereby acknowledge that the requirement of insurance coverage has been fully explained to me, that I fully understand the information provided, and that I have kept a copy of this form for my files. *I understand that willful failure to meet this requirement will result in the termination of my exchange program.*

Name (please print): _____

Signature: _____ Date: _____

Date of Birth: _____ Social Security Number: _____
Month / Date / Year