



**Office of International Programs  
Seton Hall University**

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**J2 Dependent Application for DS 2019**

**Only the spouse and unmarried minor children (under 21 years of age)** of the exchange visitor are eligible for J-2 status. Other family members, such as parents, brothers, and sisters, are not eligible for J-2 classification, but may be eligible for B-2 classification to visit the United States as tourists. Although family members usually enter as J-2 dependents, they are not required to do so. They may enter as tourists or in other visa classes for which they qualify. Each independent visa class has its own requirements, and the family member would not be coming as the dependent of the J-1, but rather as a person in a separate visa classification with separate funding requirements.

While the B-2 may be appropriate for family who will be visiting the U.S. briefly, such as the case of a Short-Term Scholar whose family remains at home, exchange visitors should be discouraged from attempting to use the B-2 tourist classification as a way to avoid meeting the funding requirements for family members. Families in the U.S. in B-2 status have none of the advantages and protections afforded J-2 dependents. They are not permitted to work. Their I-94s have definite ending dates rather than D/S, making them vulnerable to the unlawful presence and overstay provisions. They must timely file for and pay for extensions of stay on a schedule different from the J-1. Their stay will generally be limited to no more than one year.

J-2 documentation for family members can be issued only if the funding for their support and required health insurance is adequate.

| <b>PART I: INFORMATION ON J1 VISITING SCHOLAR</b>                    |  |               |                |
|--|--|---------------|----------------|
| Last Name  |  | First Name    | Middle         |
| Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |  | Date of Birth | Month Day Year |
| Phone Number   |  | Email Address |                |

| <b>PART II: DEPENDENT/APPLICANT INFORMATION</b>  |  |                         |                |
|--|--|-------------------------|----------------|
| Name in passport: <b>Attach a copy of your passport and marriage certificate for spouse or birth certificate for child(ren).</b> |  |                         |                |
| Last Name  |  | First Name              | Middle         |
| Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE   |  | Date of Birth           | Month Day Year |
| Phone Number   |  | Email Address           |                |
| City of Birth  |  | Country of Birth        |                |
| Country of Citizenship   |  | Relationship to student |                |

| <b>PART III: MAILING/PICK-UP OF DS-2019</b>   |                |             |                  |
|---|----------------|-------------|------------------|
| <i>Please select one of the following: Pick-up, Priority mail or Express mail (DHL/FedEx). Priority mail is provided to you free of charge and takes 7-10 business days to arrive. Express mail takes 5-7 business days to arrive and has a tracking number; however the spouse or dependent orders and pays for Express mailing. If you would like express mailing, please select the "Express" option and we will email you instructions on how to proceed.</i> |                |             |                  |
| <input type="checkbox"/> Pick up  | Name           |             | Relationship     |
| Email   |                | Phone       | ( )              |
| <input type="checkbox"/> Priority   | Street Address |             | Apartment/Unit # |
| City  | Province       | Postal Code | Country          |
| <input type="checkbox"/> Express  | Street Address |             | Apartment/Unit # |
| City  | Province       | Postal Code | Country          |

**PART IV: FINANCIAL SUPPORT DOCUMENTATION**

*I have attached the following financial documents in support of my application. Please note that you must show funds equal to or more than \$5,000 for a spouse and \$4,000 per child.*

|   |  |
|---|--|
| Personal Financial Documents<br><b>MUST</b> submit both documents                 | <input type="checkbox"/> Proof of Income<br><input type="checkbox"/> Bank Statement within the past 3 months   |
| Financial Sponsor Documents<br><b>MUST</b> submit all three documents per sponsor | <input type="checkbox"/> Sworn Promise of Cash Support<br><input type="checkbox"/> Proof of Income<br><input type="checkbox"/> Bank Statement within the past 3 months |

**PART V: HEALTH INSURANCE FOR DEPENDENTS**

As a J-1 visa holder, it is a legal requirement for you to be covered for health insurance while in the United States. You may purchase a plan of your choice or opt for Seton Hall University’s plan. If you choose your own plan you must make sure that it meets the following U.S. Department of State requirements:

- (a) Minimum Insurance Coverage – Insurance shall cover: (1) medical benefits of at least \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of \$7,500; and (3) expenses associated with medical evaluation in the amount of \$10,000.
- (b) Additional Terms – A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds \$500 per accident or illness, and must meet other standards specified in the regulations.
- (c) Maintenance of Insurance – Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program.

**How to purchase Seton Hall University’s health insurance plan:**

- 1) Go to [www.shu.edu](http://www.shu.edu) or enter the link to health services: <http://www.shu.edu/offices/health-services/>
- 2) Click on Offices and Services, find Health Services
- 3) Click “Other Related Forms and Documents” under Health Forms
- 4) Click on the form “Request for Health Insurance Coverage”
- 5) Fill out this form and follow the instructions on where to submit it

\*Please disregard the fact that the form mentions it is only intended for matriculated students. The form should be returned to Assistant Vice President for Student Affairs, Room 235 of the University Center. Once you have been approved to enroll in the health insurance plan, you will have to submit payment to them directly so please contact their office.

\*For information about the plan's medical coverage and costs, please visit Health Services’ website and click on South Orange Campus Health Insurance