

**DEPENDENTS FINANCIAL SUPPORT AND INSURANCE COVERAGE**

**NAME:** \_\_\_\_\_

NO DEPENDENTS WILL JOIN ME IN THE U.S. \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

**1. The Following members of my family will join me in the U.S.:**

Name of spouse \_\_\_\_\_

City and Country of Birth \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Nationality \_\_\_\_\_

Passport Number & Expiration Date \_\_\_\_\_

Name of child \_\_\_\_\_

City and Country of Birth \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Nationality \_\_\_\_\_

Passport Number & Expiration Date \_\_\_\_\_

Name of child \_\_\_\_\_

City and Country of Birth \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Nationality \_\_\_\_\_

Passport Number & Expiration Date \_\_\_\_\_

**2. Indicate the specific sources and amounts of financial support you will have for your dependents (include savings):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective September 1, 1994 the U.S. Government regulations governing your J-1 Exchange Visitor status require you to provide health insurance coverage for all J-2 dependents who are with you in the U.S. This coverage must be in effect during the time they remain in the U.S. and must meet the minimum requirements set by the DOS

**3. Dependent Fee: \$500.00 each dependent**

Sign to confirm your compliance with the requirements, and that you are responsible for the return of each dependent. Also include a copy of each dependents' passport, your marriage certificate, and each dependent child's birth certificate.

\_\_\_\_\_  
Signature Date