

### OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

This form is to add J-2 dependents (which includes a husband/wife or unmarried children under the age of 21). If you have additional dependents, please use an additional form.

Please submit this form to the Office of International Student & Scholar Services (OISS).

#### Spouse (Please include copy of passport biographical page)

Surname (Last): \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Birth City: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

#### CHILD 1 (Please include copy of passport biographical page)

Surname (Last): \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Birth City: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

#### CHILD 2 (Please include copy of passport biographical page)

Surname (Last): \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Birth City: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

#### J-2 DATES OF COVERAGE

If dependents do not share the same dates, please note them here:

#### INSURANCE AND FUNDING INFORMATION

I understand I am responsible for ensuring funding for J-2 dependent(s) (spouse/child) meets minimum requirements- **\$610**/month extra for each dependent. This amount does not include health or childcare costs.

I understand that while in the U.S., my J-2 dependents are required to be covered by health insurance and that willful failure to maintain coverage will result in the termination of my program. \*Please note: the EV must consult with the NU department and the Office of Risk Management prior to purchasing insurance as NU's requirements are **higher** than the Department of State requirements listed below:

\$100,000 for each illness or accident with a deductible not to exceed \$500 per illness or accident  
\$50,000 for medical evacuation  
\$25,000 for repatriation of remains

J-1 Exchange Visitor: \_\_\_\_\_

\_\_\_\_\_  
Signature Here

Date: \_\_\_\_\_