

# Request to Bring Dependents

Student ID: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Visa Status: \_\_\_\_\_

Planned arrival date for family members: \_\_\_\_\_

	Last/Family Name	First (and middle) Name	Date of Birth (mm/dd/YYYY)	Sex/Gender	Spouse's Email Address
<b>Spouse</b>					
	Last/Family Name	First (and middle) Name	Date of Birth (mm/dd/YYYY)	Sex/Gender	
<b>Child 1</b>					
<b>Child 2</b>					
<b>Child 3</b>					
<b>Child 4</b>					
<b>Child 5</b>					

## Document Uploads

Attach each type of document in one (1) single file.  
Files with multiple pages should be uploaded in PDF format.

<b>Marriage Certificate</b>	Copy of official marriage certificate  English translation of marriage certificate (if required)	<b>Financial Documentation</b>	
<b>Passports</b>	Upload all family members' passports in one (1) single PDF file		

<b>Optional – If needed, you may use this space to provide extra documentation.</b>	<i>Optional Upload 1</i>	<i>Optional Upload 2</i>
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**Upload Confirmation**

*With my signature below, I verify that all the above information regarding my immigration status and that of my family members is true and correct. If any details change pertaining to this information above during this process, I will notify my international student advisor immediately.*

Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

<b><u>Notes:</u></b> <b><i>Office Use Only</i></b>	
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DRAFT PREVIEW

## J-2 Dependent Agreement - Health Insurance

### NDSU J-1 student category: Exchange Visitor Program P-1-03356

<b>Last Name:</b>		<b>Your Student ID:</b>	
<b>First Name:</b>		<b>Approximate Arrival Date of Dependent(s):</b> <small>(Month/Day/Year format)</small>	

#### J-1 students who request to bring dependents must agree to the following:

1. Student understands that mandatory health insurance enrollment is required for all J-1/J-2 persons for the duration of one's J program, and that *willful failure* to maintain the policy is a reason for termination of the J record as per the United States Department of State. Willful failure to maintain the policy may include but is not limited to a refusal to purchase, or a financial inability to pay.
2. Student understands furthermore that at NDSU, that the mandatory international student health insurance policy from the North Dakota University System (currently through UnitedHealthcare StudentResources) is required of all J-1 students and their dependents.
  - a) Insurance costs will vary based on the following separate costs and categories: 1) You/student; 2) Spouse; 3) One child; 4) Two or more children; 5) Spouse + two or more children. Costs increase every year, and the amount is paid by you on a semester basis - Fall semester, and Spring/Summer semester. Access to a credit card is required to make the purchase.
  - b) Current rates can be found at <https://uhcsr.com/NDSU> in the "International Summary Brochure."
  - c) No substitutions will be requested by the J-1 student or J-2 dependent, nor will exceptions be allowed.
  - d) More information about the health insurance policy can be found here: <https://www.ndsu.edu/international/insurance>.
3. The dependent insurance coverage must be acquired in advance of the dependent entering the United States.
  - a) Student confirms that he/she will contact their J-1 international student advisor when travel plans are made - and student will provide the exact arrival date on which the dependent/s will enter the United States.
  - b) After providing a travel date, student understands they will be immediately asked to purchase coverage according to the travel dates provided, so that coverage is in place upon the arrival of the family member(s). The J-2 record will be cancelled prior to arrival if coverage cannot be verified.
  - c) If coverage is not in place immediately upon arrival, immigration consequences may arise for the J-1 and/or J-2 exchange visitor.
4. Student understands that they are responsible for paying for the dependent insurance on their own, directly to UnitedHealthcare StudentResources.
5. Student acknowledges that the Office of International Student & Study Abroad Services (ISSAS) is responsible for monitoring the health insurance enrollment for all J-1 and J-2 exchange visitors (student category).
  - a) The ISSAS office will monitor the enrollment throughout the academic year, during all Fall, Spring, and Summer terms.
  - b) If J-1 student is unable or unwilling to continue purchasing insurance for their dependents for any future terms, student will be advised regarding choices including either having their dependent voluntarily depart the U.S. in advance of current insurance expiring, or the termination of a J-2 record for failing to carry insurance and the immediate departure of that dependent.

I agree to abide by these conditions stated above regarding J-2 dependent health insurance.

<b>Student name (printed):</b>	
<b>Student signature:</b>	
<b>Date:</b>	
<b>ISSAS Office Use Only:</b>	Actual Arrival Date:  Port of Entry or other information:  <u>Insurance coverage confirmed by ISSAS</u> Yes <input type="radio"/> No <input type="radio"/> Coverage period: