

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: