

# I AGREE TO THE FOLLOWING RULES AND RESPONSIBILITIES FOR MY J-2 DEPENDENTS

**-You must write the J2 name and email address clearly-**

Name of J2 Dependent	E-mail Address (if 18 or older)	J2 lives with J1? (yes/no)

1) I understand it is my responsibility to maintain health insurance for myself and for my J-2s **at all times, no matter what.** EVS must cancel my visa status and send me home if I allow my J-2s' health insurance to lapse. If my J-2s leave the U.S. and I know they will return at a later date, I will maintain their health insurance while abroad in order to keep their DS2019s active.

2) I will notify EVS if my J-2s will leave the United States for any period of time, and will also notify EVS when my J-2s return to the United States. I understand that my J-2s must obtain travel signatures from EVS on their D2019 Forms in order to leave and re-enter the United States. I understand that EVS will not provide travel signatures unless my J-2s have valid health insurance for the full duration of the out-of-country period.

3) I understand that cancelling my J-2s' DS2019 Forms is permanent. I will only cancel my J2s' insurance after providing flight tickets to EVS to cancel their DS2019s. If I cancel my J-2s' DS2019s and later decide they must return to the U.S., I will re-apply to EVS for new DS2019s. I will notify EVS when my J-2s leave the U.S. and will not return.

4) For J-2s who will arrive after my own check-in is completed, I will email EVS scanned copies of my J-2s' visa stamps and I94 as soon as they arrive in the United States. When my J-2s arrive, I will also send EVS a new, signed copy of this form.

**I have read and understood the above requirements. I have asked an EVS representative for clarification of any requirement which I did not understand. I understand and will be responsible for the above requirements of maintaining my J-1 and J-2 visa status.**

Signature of J-1 Scholar: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of J-1 Scholar (write your name clearly): \_\_\_\_\_

J-1 Scholar's UFID: \_\_\_\_\_