



Please include copies of: Passport Biographical Page, Visa Stamp, I-94 card (back and front), EAD card (if applicable) and DS-2019 (for J-1 only), I-20 (for F-1 only).

BIOGRAPHICAL INFORMATION

Last Name (as it appears on passport or legal documents)	
First Name (as it appears on passport or legal documents)	
Date of Birth (mm/dd/yyyy)	
Passport Number	
SEVIS I.D. Number (10 digits - on DS2019/I-20)	N
Passport Issued By (Country)	
Passport Expiration Date (mm/dd/yyyy)	
I-94 Number (departure record - 11 digits)	
Most Recent Arrival Date into the U.S. (Stamped on I-94)	
Do you have any dependent(s) in the U.S. with you now?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>*Note: Please submit copies of dependent(s) immigration documents.</i>
Employment Authorization Number (EAD) – (if applicable)	A
EAD Start Date:	EAD End Date:

CONTACT INFORMATION:

Local/Current U.S. Address:	Number & Street		
	City	State	Zip Code
Telephone:	(Home)	(Cell)	(Campus)
UCI Email:	Other Email:		

Current Visa Status / Immigration Document (Please check one) :

- F-1 (I20/UC/OPT)
 J-1 (DS2019/UCI)
 H-1B
 EAD : Temporary/Permanent Resident, Pending, J-2, E-2, L-2
 Other _____
 F-1 (Not UCI)
 J-1 (Not UCI)
 TN

Additional Information

Employee's Job Title:

Name of Hiring Department:

Insurance:

FOR J-1 ONLY: Pursuant to Department of State regulations visiting scholars and accompanying family members are required to secure health insurance coverage while in the United States. It is required that visiting scholars obtain such coverage prior to arrival in the U.S.

Minimum health insurance coverage must provide:

- **Medical** benefits of at least \$50,000 per accident or illness
- **Repatriation** of remains in the amount of \$7,500
- Expenses associated with the **medical evacuation** of the exchange visitor to his or her home country in the amount of \$10,000
- A **deductible** not to exceed \$500 per accident or illness

Employee will hold a Post-Doctoral Position title (full coverage under UC Benefits)

Employee will have UC Coverage

(J-1 only: Repatriation & Medical Evacuation insurance must be purchased separately. Information available at International Center.)

Employee has his/her own insurance coverage

NAME OF INSURANCE PROVIDER: _____ POLICY #: _____

SIGNATURE OF SCHOLAR: _____ TODAY'S DATE: _____

FOR INTERNATIONAL CENTER USE ONLY:

Program validated/reviewed on:

Program validated/reviewed by: