



LILLIAN AND EMANUEL SLUTZKER CENTER  
FOR INTERNATIONAL SERVICES  
DIVISION OF STUDENT AFFAIRS  
310 Walnut Place | Syracuse, New York 13244-2380  
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<http://international.syr.edu>

# DEPENDENT REQUEST SUNY-ESF F-1/J-1

## INFORMATION OF STUDENT MAKING REQUEST:

LAST NAME: _____	FIRST NAME: _____
LOCAL ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____@syr.edu
VISA STATUS: F-1 J-1	
I-94 NUMBER: _____	

## INSTRUCTIONS

**Dependents seeking entry/reentry to the United States:** Use this form to invite dependents (spouse or children only) to join you in the U.S. To invite other relatives or friends, use the form "Invitation Letter Request" on our website at [http://international.syr.edu/form\\_invitation\\_letter\\_request.htm](http://international.syr.edu/form_invitation_letter_request.htm).

**1. Read and complete this form.**

**2. Complete the Financial Worksheet on the third page.**

In addition to the cost of living while your dependent stays in the U.S., you must also assume financial responsibility for the purchase of health insurance and the return travel of your family to your home country.

**3. Health Insurance Documentation:**

**F-1 Visa holders:** The Slutzker Center requires that all international students and their dependents be covered by health insurance. Your family must obtain health insurance prior to or within 30 days after arrival. If you have a graduate assistantship and have purchased health insurance through the Office of Human Resources, you must update your coverage to include your dependents as well as purchase additional supplemental medical evacuation and repatriation coverage for \$24/person/year (rate as of October 2006) through the Slutzker Center. Understand that if your spouse and/or children are not covered by health insurance during their stay in the U.S., the Slutzker Center cannot assist you in finding financial resources for medical treatment in the event of illness, injury, or pregnancy.

**J-1 Visa Holders:** The U.S. Department of State specifies these requirements. Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits [22 CFR 62.14].

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

Sponsors are to require that their participants (and any dependents entering the U.S. as holders of a J-2 visa) have insurance in effect during the period of time they are in the sponsor's program. An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country. For other options, see [22 CFR 62.14].

**4. Drop off the following documents at the Slutzker Center for review:**

Dependent request form and financial worksheet (pg 1-3)

A photocopy of your financial document (i.e. bank statement; assistantship award letter)

A photocopy of your health insurance proof (It must be valid for one year unless you are graduating or transferring within the next 12 months.)

**5. Slutzker Center Advisor will e-mail you upon issuance of your new I-20 or DS-2019 within two weeks of the receipt of your request.**

***"I understand the above information and will comply with the above policies regarding financial support and health insurance."***

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

F-1 / J-1 Student Name: \_\_\_\_\_

Student SUID #: \_\_\_\_\_

**Dependent # 1**

Last Name on Passport: \_\_\_\_\_

First Name on Passport: \_\_\_\_\_

Middle Name on Passport: \_\_\_\_\_

Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Gender \_\_\_\_\_

Relationship \_\_\_\_\_

**Dependent # 2**

Last Name on Passport: \_\_\_\_\_

First Name on Passport: \_\_\_\_\_

Middle Name on Passport: \_\_\_\_\_

Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Gender \_\_\_\_\_

Relationship \_\_\_\_\_

**Dependent # 3**

Last Name on Passport: \_\_\_\_\_

First Name on Passport: \_\_\_\_\_

Middle Name on Passport: \_\_\_\_\_

Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Gender \_\_\_\_\_

Relationship \_\_\_\_\_

I certify that the above information is correct, and I acknowledge that is my responsibility to notify the Slutzker Center within 10 days of any change in the above information. In addition I verify that I have printed and retained a copy of this form for myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## *Financial Worksheet*

**You must show the following amount or more to the Slutzker Center Advisor.**

Acceptable financial documents:

- personal/family bank statement or available balance page of your online account information (no more than 3 months old)
- Assistantship letter, scholarship letter, or fellowship letter
- A notarized letter from a sponsor (relative or third party) and sponsor's financial bank statement

<b>Estimated Tuition and Fees (see below):</b>	<b>\$10500/yr</b>
<b>Estimated Living Expenses:</b>	<b>\$7500/yr</b>
<b>Estimated Dependent Costs (see below):</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

Please e-mail [lescis@syr.edu](mailto:lescis@syr.edu) if you are an undergraduate student and need estimated tuition and fees information.

### **Estimated Dependent Costs:**

Spouse only: \$567/mo

Child only: \$304/mo

Spouse + 1 child: \$870/mo

Spouse + 2 children: \$1092/mo

Spouse + 3 children: \$1314/mo