

**Transmittal Form for Rutgers J1 Scholar Monthly Health Insurance Fee for
J-1/J-2 Visitors on Rutgers' Visa Sponsorship**

Sponsoring Departments that purchase the Rutgers health insurance policy through RIAS on behalf of their J1/J2 visitors must complete this form. J1/J2 visitors to be registered in classes will receive health insurance charge on their tuition bill. Those who have provided evidence of non-Rutgers health insurance meeting the University's minimum requirement do NOT need to fill this form.

****** Please keep in mind that any partial month of the DS-2019 request should be counted as a full month for proper fee calculation.**

Name of Exchange Visitor: _____
(Last) (First)

Dates covered by the DS-2019 currently requested: From _____ To _____
(MM/DD/YY) (MM/DD/YY)

Sponsoring Unit/Campus: _____

Contact in Sponsoring Unit: _____
(Name) (Phone) (E-mail)

A journal entry to transfer funds from Account # _____ -3100
(Account from which sponsoring unit is paying)
to "Intl. Insurance Premiums Account" 2-89238-0970, Org. ID #10455.

The amount of the journal entry was calculated as follows (complete as appropriate):

For J-1 Visitor: \$90/month x _____ months = \$ _____
(# of calendar months covered by DS-2019)

For J-2 Spouse: \$197/month x _____ months = \$ _____

Spouse's First Name: _____ Last Name: _____

For J-2 Child #1: \$128/month x _____ months = \$ _____

Child's First Name: _____ Last Name: _____

For J-2 Child #2: \$128/month x _____ months = \$ _____

Child's First Name: _____ Last Name: _____

For J-2 Child #3: \$128/month x _____ months = \$ _____

Child's First Name: _____ Last Name: _____

| | |
|--|----------|
| Total amount transferred via journal entry | \$ _____ |
| Date Transferred | _____ |
| JE Reference Number | _____ |