

APPLICATION FOR J-2 SPOUSE APPLICANT

J-1 Applicant First Name:

J-1 Applicant Last Name:

APPLICATION CHECKLIST (Application is not complete without each of the following)

- Copy of valid passport for J-2 Spouse
- Application for Program Extension (*see page 2-7 of this document*)
- Proof of dependent status: marriage certificate for spouse (on your Beacon application)
- Proof of financial support for each J-2 dependent in the amount of \$1500.00 per dependent, per month (on your Beacon application)
- Fee Disclosure Form (see pages 8-9 of this document)

J-2 DEPENDENT SPOUSE APPLICATION

J-1 Applicant Last Name: _____

J-1 Applicant First Name: _____

J-2 APPLICANT

Last name: _____

First name: _____

Program Start Date (mm/dd/yyyy): _____

Program End Date (mm/dd/yyyy): _____

J-2 Contact Number in U.S. (if applicable): _____

J-2 Email Address (if applicable): _____

HEALTH INFORMATION

Have you been diagnosed with or treated for an infectious disease? Yes No

If yes, please provide details: _____

Have you been hospitalized or undergone surgery in the last 24 months? Yes No

If yes, please provide a date and describe any hospitalizations or surgeries you have had within the last 24 months: _____

Have you sought treatment from a neurologist, psychiatrist, or any other doctor specializing in the diagnosis and treatment of neurological or emotional disorders within the last 5 years? Yes No

If yes, please provide a date and describe any diagnoses and/or treatment you have received from a neurologist, psychiatrist, or any other doctor specializing in the diagnosis and treatment of neurological or emotional disorders within the last 5 years: _____

Are you currently taking any prescription/over-the-counter medications? Yes No

If yes, please list them: _____

Do you have any allergies that could impact your health and/or safety during the program? Yes No

If yes, please provide details: _____

Do you have any physical limitations that could impact your safe participation in the program? Yes No

If yes, please provide details: _____

Do you have any preexisting conditions (mental, physical, emotional or others) that may impact your safe participation in the program? Yes No

If yes, please provide details: _____

Is there any other medical information that may impact your ability to safely participate in the program? Yes No

J-2 DEPENDENT SPOUSE APPLICATION

PRIVACY, HIPAA, AND CONFIDENTIALITY RELEASE FORM

By completing this form, you give consent to CIEE, your parents or guardian, your physicians and/or other medical providers to discuss your medical and/or insurance issues with CIEE. You also consent to CIEE utilizing any such material in, and as necessary in, treating any medical condition which may arise. You also consent that CIEE may notify your emergency contact listed in this application of any situation that we deem to be an emergency. In addition, you consent that CIEE may notify the official CIEE designated agency from whom you purchased this program of any situation that we deem to be an emergency.

This authorization is valid for two years from the date signed.

Under no circumstances can CIEE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service for your medical information.

I expressly waive any Health Insurance Portability and Accountability Act (HIPAA) rights I may have and authorize CIEE to release information concerning my medical or other health matters, claim and financial informations regarding the same, medical reports, provider names, date(s) of service(s), charges, payments, and proposed courses of treatment as well as any insurance information and/or social security or other information relevant thereto, all as CIEE deems necessary or desirable.

J-2 Spouse Signature:

J-2 Spouse Printed Name:

Today's Date:

J-2 DEPENDENT SPOUSE APPLICATION

TERMS & CONDITIONS

The following section outlines the terms and conditions of the Applicant's participation on a J-2 Spouse or Dependent Program (the "Program"). Read the following information carefully, and confirm that you have read, understand and agree to these terms by providing your signature below. If you fail to sign, CIEE will not accept the application for consideration.

For the purpose of these Terms and Conditions, the following terms are defined as follows:

Applicant: A foreign national who has been screened by the Local Representative for J-2 spouse or dependent suitability and intends to submit his/her personal information to CIEE for consideration for acceptance.

Participant: A foreign national exchange visitor who has been accepted by CIEE into the J-2 Spouse or Dependent Program.

Local Representative: Approved entities in the applicant's home country which have formal agreements with CIEE and adequate education on all matters of administration of the exchange program.

SECTION I. – Dependent Applicant Responsibilities

1. The Applicant agrees that all of the information provided in the Program application (the "Application") is true to the best of his/her knowledge, and acknowledges that providing any false, inaccurate or misleading information may lead to the Applicant's rejection or, if discovered later, to the Applicant's immediate dismissal from the Program, at CIEE's sole discretion.
2. The Applicant is responsible for considering his/her personal health and safety needs when applying for and participating in the Program. CIEE retains the right, in its sole discretion, to refuse an applicant if the applicant's participation in the program creates a risk to the applicant's own health and safety or to the health and safety of others.
3. The Applicant acknowledges that he/she has been given access to the CIEE and Local Representative itemized list of fees associated with the Program. The Applicant shall pay all fees in accordance with the requirements of the Local Representative through which he/she is submitting the Application.
4. The Applicant shall submit all requested documentation (including a passport) to the Local Representative in a timely fashion for application processing. CIEE is not responsible for any additional costs incurred (including, but not limited to, the cost of rebooking a flight) by the Applicant for delays, such as failure to timely submit documentation or delays by the U.S. Embassy in issuing a visa. Moreover, the Applicant should not book a flight until she/he has secured a visa. CIEE is not responsible for any costs whatsoever associated with rebooking or cancelling a flight.
5. In order to administer the Program, CIEE and its subsidiaries, affiliates, and certain agents thereof may process my personally identifiable information and data, including but not limited to Social Security, Passport or other identification number, home address and telephone number, date of birth, location of birth, educational records, and other information that is necessary or desirable for the administration of the Program and facilitation of the J-1 visa process. The Participant shall have access to, and the right to change the relevant Information, until the point of application submission. Relevant Information will be securely stored and used in accordance with Program necessity, as determined by CIEE. Participant hereby authorizes CIEE to collect, process, register and transfer Personally Identifiable Information (PII) as required for Program delivery. Participant waives data privacy rights with respect to the relevant Information and authorizes CIEE to store and transmit such Information in electronic form. Participant also authorizes CIEE to transfer the relevant Information to any jurisdiction which CIEE considers appropriate. CIEE may transfer your personal information to other entities such as government entities, host employers, or marketing partners located in the U.S. and elsewhere. By signing this Participant Contract, you consent to this use and transfer of your personal information.
6. Although CIEE may issue a DS-2019 form if the Applicant meets all relevant Program requirements, the Applicant acknowledges and understands that CIEE does not control the U.S. Embassy or Consulate's (in the Applicant's country of residence) decision to issue a J-2 Visa to the Applicant.
7. CIEE reserves the right in its sole discretion to refuse sponsorship to any Applicant who does not meet program eligibility requirements or is otherwise unsuitable for participation in the Program. In the event that CIEE rejects an Applicant, a refund will be made via the Local Representative, if applicable.

J-2 DEPENDENT SPOUSE APPLICATION

TERMS & CONDITIONS (Continued)

SECTION II. – Dependent Participant Responsibilities

8. Once the Participant has commenced his or her travel to the U.S., CIEE cannot, for any reason, amend the dates listed on the DS-2019 or the Confirmation of Insurance. The Participant is solely responsible for knowing the Program's start and end dates prior to traveling to the U.S.
9. Once the Participant has arrived in the U.S., CIEE shall not, for any reason whatsoever, refund the Participant's Program fees or refund any fees that the Participant paid to third parties.
10. The Participant shall exercise due care once in possession of legal documentation (DS-2019, passport, J-2 Visa, etc.) required for participation in the Program. The Participant is solely responsible for the cost of replacing any of these items.
11. The Participant shall comply with all state and federal laws while in the United States. If the Primary or Dependent Participant violates any law or regulation, CIEE reserves the right, in its sole discretion, to revoke the Participant's legal sponsorship, which will result in the withdrawal or termination of his/her Program. A terminated participant also loses his/her legal right to remain in the U.S.
12. The Participant will be solely responsible in the event that laws, regulations, or customs are violated, regardless of his/her actual knowledge of these laws, regulations, or customs. Under no circumstances will CIEE be responsible for providing legal advice or assistance to any Participant who has been accused or found responsible for violating any laws, regulations or customs.
13. CIEE reserves the right, in its sole discretion, to terminate or withdraw visa sponsorship from Applicants in cases of visa revocation by the U.S. Department of Homeland Security.
14. If during the course of the Program the Participant encounters any difficulties with safety, health and/or housing, the Participant must notify CIEE as soon as possible by calling: 1-888-268-6245. In the event of an emergency, the Participant can also reach CIEE at the above number any time night or day.
15. The Participant shall not engage in any activity that would bring the J-1 Exchange Visitor Program or the U.S. Department of State into notoriety or disrepute. If the Participant engages in such activities, his/her Program may be terminated immediately and the Participant will be required to return to his/her home country immediately.
16. The Participant is responsible for all of his/her acts along with any resulting loss or damage while on the Program. The Participant agrees to defend, indemnify and hold CIEE harmless from and against all losses, damages, actions, judgments, costs or expenses of whatever kind, including reasonable attorneys' fees, arising out of or resulting from the Participant's participation in the Program, other than those resulting from CIEE's gross negligence or willful misconduct in the performance of its duties hereunder.
17. All travel before, during and after the program is at the Participant's own risk. If the Participant chooses to operate a motorized vehicle, he/she does so at his/her own risk and he/she is responsible for obtaining the necessary license, permission and insurance.
18. The Participant shall return to his/her home country upon completion of the Program and shall not attempt to stay in the U.S.
19. CIEE reserves the right to dismiss the Participant from the Program if, in its sole discretion, the Participant presents a danger to himself/herself or to others, or if his/her conduct is detrimental to the Program in any way. In the event of such a dismissal, CIEE shall not be responsible for any expenses incurred by the Participant, including, but not limited to, airfare and other related expenses, and shall not refund any fees already paid by the Participant.

J-2 DEPENDENT SPOUSE APPLICATION

TERMS & CONDITIONS (Continued)

SECTION III. – Contractual Terms and Other Program-Related Conditions

20. Under the federal Health Insurance Portability and Accountability Act (HIPAA), CIEE's access to a Participant's medical information and/or records is limited. In order to assist the Participant with insurance-related issues to the maximum extent possible, the Participant must provide CIEE with a fully executed Privacy and Confidentiality Release Form as part of the Application. All exchange visitors may be subject to the requirements of the Affordable Care Act.

21. CIEE, INC., its employees, directors, officers and shareholders, (collectively, "CIEE") does not own or operate any entity which provides goods or services for the Program, including but not limited to arrangements for or ownership or control over houses, apartments or other lodging facilities; airline, vessel, bus or other transportation companies; food service; or entertainment providers. All such persons and entities are independent contractors and enter into legal relationships directly with the Participant (and not through CIEE). As a result, CIEE is not liable for any act or failure to act of any such person or entity, or of any third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal or terrorist activities of any kind or the threat thereof, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments or other lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with or bites from domestic or wild animals, pests or insects, sanitation problems, food poisoning, disease, epidemics or the threat thereof, lack of, access to or quality of medical care, difficulty in evacuation in case of medical or other emergency, or for any other cause beyond the direct control of CIEE.

22. The Participant understand that CIEE provided insurance excludes coverage for epidemic or pandemic related illnesses for non-vaccinated individuals where a vaccine is available, as found at pg. 18, Sec. (m) of the policy. If the participant chooses not to receive recommended vaccines, I understand that it would be my full responsibility to obtain supplemental insurance coverage for COVID related illness, without refund, logistical or financial assistance by CIEE.

23. The operation of the J-2 Spouse or Dependent Program is subject to U.S. government approval and may change without notice.

24. The Participant agrees to defend, indemnify, and hold CIEE harmless, which includes CIEE's officers, shareholders, affiliates and employees (collectively "CIEE") from and against any claims, causes of action and liability for any financial or other loss, damage, personal injury, illness or death suffered or incurred by the Participant, whether based on tort, breach of contract or any other theory. In addition, the Participant agrees to release and hold CIEE harmless from CIEE's own negligence.

25. This English language version of the J-2 Spouse or Dependent Program Application, including this Participant Declaration, is the binding contract between the Participant and CIEE with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings and agreements, both written and oral, with respect to such subject matter.

26. This Agreement may only be amended by an agreement in writing signed by each party hereto. No waiver by any party of any of the provisions hereof shall be effective unless explicitly set forth in writing and signed by the party so waiving. Except as otherwise set forth in this Agreement, no failure to exercise, or delay in exercising, any rights arising from this Agreement shall operate or be construed as a waiver thereof.

27. The Participant agrees that any dispute concerning, relating to, referring to, or arising out of the J-2 Spouse or Dependent Program Application or the Program shall be resolved exclusively by final, binding arbitration in Portland, Maine, according to the existing commercial rules of the American Arbitration Association. Such proceedings will be governed by Maine law. The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or voidable.

J-2 DEPENDENT SPOUSE SIGNATURE

J-2 Dependent Spouse Signature: _____ Date (mm/dd/yyyy): _____

J-2 Dependent Spouse Printed Name: _____

J-2 DEPENDENT SPOUSE APPLICATION

CULTURAL EXCHANGE

What American cultural activities do you hope to participate in while in the U.S?
These can be activities that you plan to participate in with your J-1 or on your own.

APPLICANT CONFIRMATION

I (J-1 print your name), _____, certify that the information provided on the J-2 dependents, is true and correct.

J-1 Applicant Signature: _____

Date (mm/dd/yyyy): _____

J-2 DEPENDENT SPOUSE APPLICATION

FEE DISCLOSURE (Fees that will be collected by the CIEE International Representative, CIEE or the U.S. Government)

| Fee | Amount <small>(Please specify currency):</small> | Inclusions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------------------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Program fee | <table border="0"> <tr> <td>Internship USA</td> <td>Career Training USA</td> </tr> <tr> <td>1 month: _____</td> <td>1 month: _____</td> </tr> <tr> <td>2 months: _____</td> <td>2 months: _____</td> </tr> <tr> <td>3 months: _____</td> <td>3 months: _____</td> </tr> <tr> <td>4 months: _____</td> <td>4 months: _____</td> </tr> <tr> <td>5 months: _____</td> <td>5 months: _____</td> </tr> <tr> <td>6 months: _____</td> <td>6 months: _____</td> </tr> <tr> <td>7 months: _____</td> <td>7 months: _____</td> </tr> <tr> <td>8 months: _____</td> <td>8 months: _____</td> </tr> <tr> <td>9 months: _____</td> <td>9 months: _____</td> </tr> <tr> <td>10 months: _____</td> <td>10 months: _____</td> </tr> <tr> <td>11 months: _____</td> <td>11 months: _____</td> </tr> <tr> <td>12 months: _____</td> <td>12 months: _____</td> </tr> <tr> <td>13 months: _____</td> <td>13 months: _____</td> </tr> <tr> <td>14 months: _____</td> <td>14 months: _____</td> </tr> <tr> <td></td> <td>15 months: _____</td> </tr> <tr> <td></td> <td>16 months: _____</td> </tr> <tr> <td></td> <td>17 months: _____</td> </tr> <tr> <td></td> <td>18 months: _____</td> </tr> <tr> <td></td> <td>19 months: _____</td> </tr> <tr> <td></td> <td>20 months: _____</td> </tr> </table> | Internship USA | Career Training USA | 1 month: _____ | 1 month: _____ | 2 months: _____ | 2 months: _____ | 3 months: _____ | 3 months: _____ | 4 months: _____ | 4 months: _____ | 5 months: _____ | 5 months: _____ | 6 months: _____ | 6 months: _____ | 7 months: _____ | 7 months: _____ | 8 months: _____ | 8 months: _____ | 9 months: _____ | 9 months: _____ | 10 months: _____ | 10 months: _____ | 11 months: _____ | 11 months: _____ | 12 months: _____ | 12 months: _____ | 13 months: _____ | 13 months: _____ | 14 months: _____ | 14 months: _____ | | 15 months: _____ | | 16 months: _____ | | 17 months: _____ | | 18 months: _____ | | 19 months: _____ | | 20 months: _____ | <ul style="list-style-type: none"> - Application fee - Agent support pre-departure - U.S. Sponsor support - Orientation - Insurance Plan (for policy details visit www.ciee.org/insurance) - Screening for program - Administrative costs |
| Internship USA | Career Training USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 month: _____ | 1 month: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 months: _____ | 2 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 months: _____ | 3 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 months: _____ | 4 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 months: _____ | 5 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 months: _____ | 6 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 months: _____ | 7 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 months: _____ | 8 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 months: _____ | 9 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 months: _____ | 10 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 months: _____ | 11 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 months: _____ | 12 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 months: _____ | 13 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 months: _____ | 14 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 months: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEVIS fee | | - U.S. government administrative cost | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visa interview fee | | - U.S. government administrative cost | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotion | | - Discount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Placement fee | | - All costs related to finding a placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expedite fee | | - Expedited forms and/or application review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total fees <small>(excluding airfare, housing, & transportation)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flight <small>(estimated cost)</small> | | - Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing fee | | - This is the typical cost – actual price will depend on location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation fee | | - This is the typical cost – actual price will depend on location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

J-2 DEPENDENT SPOUSE APPLICATION

J-2 Applicant Last Name:

J-2 Applicant First Name:

FEE DISCLOSURE (Continued)

Cancellation and refund policy:

Other program costs and pricing notes:

PARTICIPANT FEE AGREEMENT TO BE SIGNED BY J-2 DEPENDENT SPOUSE

I confirm that I have reviewed the complete pricing information in this document and fully understood the costs of the program before I paid a non-refundable deposit. I understand that stipends might not cover the entirety of program and living expenses and that I should have access to additional personal funds.

J-2 Spouse Name Printed:

J-2 Spouse Signature:

Date (MM/DD/YYYY):