THE J. WILLIAM FULBRIGHT FOREIGN SCHOLARSHIP BOARD



Dear Fulbright Candidate:

On behalf of the Fulbright Foreign Scholarship Board, I am pleased to congratulate you on your selection for a Fulbright award to the United States. Our presidentially appointed 12-member Board is responsible for supervising the Fulbright Program worldwide and approving the selection of all Fulbright recipients. Your grant is a reflection of your leadership and contributions to society. It is made possible through funds appropriated annually by the U.S. Congress and, in many cases, by contributions from partner countries and the private sector.

The Fulbright Program is devoted to increasing mutual understanding between the people of the United States and the people of other countries. Fulbright is the world's largest and most diverse international educational exchange program. As a grantee, you will join the ranks of many distinguished program participants. Fulbright alumni have become heads of state, judges, ambassadors, cabinet ministers, CEOs, and university presidents, as well as leading journalists, artists, scientists, and teachers. They include 62 Nobel Laureates, 89 Pulitzer Prize winners, 41 current or former heads of state or government, and thousands of leaders across the private, public and non-profit sectors. Since its inception in 1946, more than 400,000 Fulbrighters have participated in the program.

Your award remains contingent upon your completing a few more important steps. Among these are obtaining a satisfactory medical clearance, and a visa, if required. You will receive additional information on your award shortly from the Fulbright Commission or Institute of International Education (IIE). After you receive your grant documents, you must sign and return them as instructed. If you have any questions, please contact your Fulbright Commission or program representative at IIE.

The Fulbright Program's goal of developing international understanding depends on you and your commitment to establishing open communication and long-term cooperative relationships. As a Fulbright participant and a representative of your country, you will have the opportunity to work collaboratively with international partners in educational, political, cultural, economic, and scientific fields. We also hope you will engage in your local host community while on your Fulbright exchange. In so doing, you will exemplify the qualities of service, leadership, and excellence that have been hallmarks of this Program since it began.

The United States Department of State's Bureau of Educational and Cultural Affairs, which oversees Fulbright Program operations throughout the world, joins the Board in congratulating you. We hope your Fulbright experience will be deeply rewarding professionally and personally, and that you will share the knowledge and experience you gain with many others throughout your life.

Sincerely,

Monnafforazile

Donna Brazile Chair

A Presidentially Appointed Board Responsible to the Congress and the Public authorized under the Mutual Educational and Cultural Exchange Act of 1961

Washington, D.C. 20522





Dear Fulbrighter:

Welcome to the Fulbright Visiting Scholar Program. The Institute of International Education is the contractual administrative agency for this program. As a participant you will be coming to the United States on a J-1 Visa under the Exchange Visitor Program number sponsored by the U.S. Department of State, Bureau of Educational and Cultural Affairs.

We are looking forward to welcoming you to the United States. In the weeks and days leading up to your flight, make sure to double-check with your faculty host that nothing has changed with your proposed plan and to ensure they are ready to receive you.

The Institute of International Education (IIE) on behalf of your sponsor, is responsible for sharing information about you with the United States Department of Homeland Security (DHS) through the Student and Exchange Visitor Information System (SEVIS). SEVIS maintains accurate and current information on all international students, scholars and their dependents in the United States. As a J-1 Visa holder, you are responsible for complying with all federal regulations regarding SEVIS. In order to comply with the regulations before arrival to the United States, please follow the below instructions:

1. After reviewing your printed DS-2019 form for accuracy sign the Exchange Visitor Certification at the bottom of page one. The information on the form must match the information in your passport. If you have J-2 dependents traveling with you, a DS-2019 form is included for each dependent and the Exchange Visitor Certification must be signed by you as the J-1 Visa holder.

2. If you are unable to arrive on or before the start date indicated on your DS-2019 form (you may enter up to 30 days prior to your grant start date), you must inform your Fulbright Visiting Scholar contact in your home country of the delay in your arrival and arrange for a new DS-2019 form.

3. If you are unable to begin and must resign from the Fulbright Visiting Scholar Program, you must immediately inform the Fulbright Visiting Scholar contact in your home country and must return all unused DS-2019 form(s) to IIE.

4. Keep your original paper DS-2019 form and your passport with you when you travel. Do not pack these important documents in your luggage or utilize any scanned copy. You will need to present these original documents to the United States Customs and Border Protection official when you enter the United States.

5. Should you have any issues at the U.S. border upon arrival, you can contact IIE's Visa Sponsorship team at +1-929-310-3046. For non-visa emergencies after normal business hours, you can contact +1-212-984-5332

Note: Failure to provide the above information to IIE in the time requested will be considered a failure to comply with federal regulations and may result in the termination of your visa sponsorship and legal status in the United States.

IIE has prepared the following resources to provide information and assist you with any required forms.

The Fulbright Scholar website provides valuable information about preparing for your program in the United States. Please log on as soon as you can to download your digital grant packet for Visiting Scholars.

The Fulbright Scholar Website: https://fulbrightscholars.org/visiting-scholars Password: VSResources

After logging in, please review the following two critical items that you will find at the top of the page:

- The Fulbright Visiting Scholar Digital Grant Packet
- https://fulbrightscholars.org/system/files/private-documents/Visiting%20Scholar%20Digital%20Grant%20Packet_0.pdf 2. The Guide for Fulbright Visiting Scholars
- https://fulbrightscholars.org/visiting-scholars/guide

IIE's self-service portal is also essential for submitting important, required information to IIE.

- 1. Upon receipt of this letter, please visit IIE's self-service portal (<u>https://connect.iie.org/user/login</u>) to set up your account. Please enter the email address reported on your Fulbright application, click on "Forgot your Password", and follow the subsequent instructions. This email address is the primary address we will use throughout your program.
- Within two weeks of receipt of this letter, please log into the self-service portal to submit your signed W-8 BEN form, a simple form required of all grantees regardless of the source of your payments. You will find the W-8 BEN form and instructions in the digital grant packet mentioned above.
- 3. After you arrive in the United States, you must log into the self-service portal to submit arrival documents and provide your U.S. address information to IIE within 10 days of your program start date. Even if you have not yet found permanent housing, IIE/CIES is responsible for validating your ongoing program participation in order for you to be in compliance with immigration regulations. Failure to submit this information to IIE could result in the termination of your immigration status.

We wish you the best of luck and much success in your program.

1.

The Fulbright Visiting Scholar Team at the Institute of International Education



PRE-ARRIVAL CHECKLIST for Fulbright Visiting Scholars

Program Resources	Next Steps
Review Grant Packet Materials	
• Form DS-2019	 Review immediately and notify home country Fulbright contact immediately if any corrections are needed
 Letter of congratulations from Chair of Fulbright Foreign Scholarship Board 	FFSB letter Enclosed for your review
 Fulbright Program Background and Fact Sheets 	Fulbright Fact Sheet enclosed for your review
 Outreach Lecturing Fund flyer 	OLF Flyer enclosed for your review
ASPE Health Benefits	ASPE Overview enclosed for your review
Travel Guidance	Travel guidance enclosed for your review and preparation
 Withholding Information and Form W-8 BEN 	 Form W-8 BEN and instructions enclosed for your completion and return via self service portal: connect.iie.org
Apply for your J-1 visa	Coordinate application and interview time with your home country Fulbright contact
Prepare for your arrival and review the Scholar Guide	
 Obtain your roundtrip flights to the U.S. 	Coordinate travel with your home country Fulbright contact
Begin housing search	• Coordinate with any contacts/resources listed on the Institutional Reply Form (ir applicable) and/or your Faculty Associate for guidance on your housing search
• Health benefit and immunization	 All Fulbright scholars are enrolled in a health benefit at no cost to them. You will receive information on your health benefit approximately two weeks before the start date on your DS-2019 All J2 dependents must be enrolled in a health plan that meets J visa minimum requirements. Coordinate with your host institution to determine if you will need any immunizations before arrival If children will accompany you while on grant and you plan on enrolling them in school, you will need to determine required immunizations before arriving in the US.
Prepare your Finances	
 Plan for receiving your stipend payments 	 If Commission paid scholar, you will coordinate with them to determine when and how you will receive your first payment. If IIE paid, your payment will be disbursed through IIE's digital payment
	service. Your IIE advisor will send additional details about registering for this service.
 Bring extra personal funds for set up 	 Regardless of the source of your payments, before you leave, make sure to plan access to personal funding to cover your first weeks in the U.S. to cover settling in prior to receiving your grant payments or to cover unexpected expenses
Prepare for Travel	You are allowed to enter the US no more than 30 days before the reporting date listed
	on your DS-2019. Do not enter the US under any other visa
Carry on your most important	Carry the following documents with you on the plane: Passport with your J-1 visa
documents and information	• Form DS-2019
	 COVID-19 Proof of Vaccination
	 Evidence of financial resources (your grant document)
	 Contact information for your home country Fulbright contact, faculty host, and IIE contact
Reporting your arrival	You will receive an arrival email 2-4 weeks before the start date listed on your DS-2019. Please follow this email carefully as it will provide you critical arrival reporting information



The Fulbright Program in Brief

<u>The Fulbright Program</u> is the flagship international educational exchange program sponsored by the U.S. government and is designed to increase mutual understanding between the people of the United States and the people of other countries. The Fulbright Program has provided approximately 360,000 participants—chosen for their academic merit and leadership potential — with the opportunity to study, teach and conduct research, exchange ideas and contribute to finding solutions to shared international concerns.

The Fulbright Program was established in 1946 and is sponsored by the U.S. Department of State's Bureau of Educational and Cultural Affairs. More than 400,000 "Fulbrighters" have participated in the Program since its inception. The Fulbright Program awards approximately 8,000 grants annually. Currently, the Fulbright Program operates in over 160 countries worldwide.

Program Funding and Administration

The primary source of funding for the Fulbright Program is an annual appropriation made by the United States Congress to the Department of State. Participating governments and host institutions, binational commissions or foundations in foreign countries and in the United States also provide direct and indirect support.

The **Bureau of Educational and Cultural Affairs** administers the Program under policy guidelines established by the Fulbright Foreign Scholarship Board (FSB) with the assistance of binational commissions and foundations in 50 countries, U.S. embassies in more than 100 other countries and cooperating agencies in the United States.

The **Fulbright Foreign Scholarship Board**, composed of 12 educational and public leaders appointed by the President of the United States, formulates policies for the administration of the Program, establishes criteria for the selection of candidates and approves candidates nominated for awards.

Binational commissions and foundations develop priorities for the program, including the numbers and categories of grants. In a country without a commission or foundation, the **Public Affairs Section of the U.S. Embassy** develops and supervises the Fulbright Program. Currently, 49 commissions are active, most of which are funded jointly by the United States and the respective government. Each commission or foundation has a board, composed of Americans and citizens of the participating nation.

Fulbright programs are administered with the assistance of **cooperating agencies**. (Contact information for each cooperating agency is provided at the end of this fact sheet.) Foreign citizens interested in the Fulbright Program should contact the Fulbright commission or foundation in their home country or, where no commission exists, the Public Affairs Section of the U.S. Embassy.

Fulbright Grant Categories

The term "Fulbright Program" encompasses a variety of exchange programs. For further information, please visit <u>http://eca.state.gov/fulbright</u>.

The **Fulbright U.S. Student Program** offers fellowships for U.S. graduating college seniors, graduate students, young professionals and artists to study, research or teach abroad for one academic year. The **Fulbright English Teaching Assistantships (ETA) Program,** an element of the Fulbright U.S. Student Program, places U.S. students as English teaching assistants in schools or universities overseas, thus improving foreign students' English language abilities and knowledge of the United States while enhancing their own language skills and knowledge of the host country. ETAs may also pursue individual study/research plans in addition to their teaching responsibilities.

The <u>Fulbright Foreign Student Program</u> enables graduate students, young professionals and artists from abroad to study, research or teach in the United States for one year or longer.

The **Fulbright Foreign Language Teaching Assistant (FLTA) Program**, a component of the Fulbright Foreign Student Program, provides young teachers of English as a Foreign Language the opportunity to refine their teaching skills and broaden their knowledge of American culture and customs while strengthening the instruction of foreign languages at colleges and universities in the United States.

The **Fulbright U.S. Scholar Program** sends American scholars, professionals and artists to approximately 125 countries, where they lecture and/or conduct research in a wide variety of academic and professional fields. The Fulbright U.S. Scholar Program offers flexible and innovative opportunities at all career levels, including post- doctoral and early-career awards.

The **Fulbright Specialist Program**, a short-term complement to the core Fulbright Scholar Program, sends U.S. faculty and professionals to serve as expert consultants on curriculum, faculty development, institutional planning and related subjects at overseas academic institutions for a period of 2 to 6 weeks.

The **Fulbright Visiting Scholar Program** provides grants to foreign scholars from over 160 countries to lecture and/or conduct postdoctoral research at U.S. institutions for an academic semester to a full academic year.

The <u>Fulbright Scholar-in-Residence (SIR) Program</u> enables U.S. colleges and universities to host foreign academics to lecture on a wide range of subject fields for a semester or academic year. Preference is given to institutions developing an international agenda and/or serving a minority audience, including Historically Black Colleges and Universities, Hispanic Serving Institutions, Asian American and Native American Pacific Islander Serving Institutions, American Indian and Alaskan Native Serving Institutions, Tribal Colleges and Universities, Predominantly Black institutions, small liberal arts colleges, community colleges and rural institutions.

<u>Fulbright Amazonia</u> brings together scholars from the U.S., Brazil, and 7 other Amazonian basin countries to bolster multi-disciplinary research on environmental protection, conservation, mitigation, and adaptation priorities. Data driven research will inform actionable project outcomes and policies, directly improving the quality of life of communities throughout the Amazonian Basin.

The <u>Fulbright Arctic Initiative</u> brings together a network of scholars, professionals and applied researchers from the United States, Canada, Denmark, Finland, Iceland, Norway, Russia and Sweden for a series of three seminar meetings and a Fulbright exchange experience. At its core, the Fulbright Arctic Initiative creates a network to stimulate international scientific collaboration on Arctic issues to translate theory into practice, program participants address public-policy research questions relevant to Arctic nations' shared challenges and opportunities.

The **Fulbright Classroom Teacher Exchange Program** is a direct one-to-one exchange of teachers from primary and secondary schools. The program operates between the United States and selected countries worldwide.

The **Distinguished Fulbright Awards in Teaching Program** sends U.S. teachers abroad and brings international teachers to the United States for a semester to pursue individual projects, conduct research, and lead master classes or seminars. The program is open to teachers from the U.S. and selected countries in multiple world regions.

The <u>Hubert H. Humphrey Fellowship Program</u> brings outstanding mid-career professionals from countries in states of development or transition to the United States for highly tailored programs of non-degree, graduate study and professional development. Fellowships are awarded in a range of public policy and social science- related fields.

A portion of the Fulbright Program is a Congressional appropriation to the **United States Department of Education** for the <u>Fulbright-Hays Program</u>. These grants are awarded to individual U.S. K-14 pre-teachers, teachers and administrators, pre-doctoral students and post-doctoral faculty, as well as to U.S. institutions and organizations. Funding supports research and training efforts overseas, which focus on non-Western foreign languages and area studies.

The U.S. Fulbright Association is a private, non-profit organization started in 1977 by U.S. alumni of the Fulbright Program. It has a membership of 5,400 with 60 chapters throughout the United States. It is one of approximately 70 national Fulbright alumni associations worldwide. For additional information, contact the Fulbright Association at 202-775-0725.



FULBRIGHT PROGRAM(S)	POINT OF CONTACT
U.S. Department of State (General info about all programs)	http://eca.state.gov/fulbright
Fulbright Foreign Scholarship Board	https://eca.state.gov/fulbright/about-fulbright/fulbright-foreign- scholarship-board-ffsb
Fulbright Student and Scholar Programs	Institute of International Education (IIE) One World Trade Center, 36th Floor New York, NY 10007 Telephone: 212-883-8200 Website: www.iie.org; fulbrightscholars.org; www.us.fulbrightonline.org; www.foreign.fulbrightonline.org; www.flta.fulbrightonline.org
Foreign students and Junior Faculty from the MENA region	America-Mideast Educational and Training Services, Inc. (AMIDEAST) 1730 M Street, NW, Suite 1100 Washington, DC 20036 Telephone: 202-776-9600 Website: <u>www.amideast.org</u>
Teacher Exchange Program	IREX 1275 K Street, NW, Suite 600 Washington, DC 20005 Website: <u>www.fulbrightteacherexchange.org/</u>
Hubert H. Humphrey Fellowship Program	Institute of International Education (IIE) Humphrey Fellowship Program 1400 K Street, NW, Suite 650 Washington, DC 20005 Tel: (202) 326-7701 Website: www.humphreyfellowship.org
Fulbright-Hays Program	United States Department of Education International Education Programs Service 1990 K Street, NW, 6th Floor Washington, D.C. 20006-8521 Telephone: 202-502-7700 Web: <u>www.ed.gov/HEP/iegps</u>

FULBRIGHT Scholar Program

Outreach Lecturing Fund

Advance knowledge, enhance teaching, and bring international perspectives and experience to your campus, organization, and community

The Outreach Lecturing Fund (OLF) is an opportunity for U.S. higher education institutions to host Fulbright Visiting Scholars already in the United States, for short-term speaking engagements. Institutions apply to host a scholar for 2 to 4 days, and plan activities that would enhance campus participation in international educational exchange.

Responsibilities of Host Institutions and Organizations

Institutions wishing to invite a Fulbright Scholar for an Outreach Lecturing Fund visit should develop a comprehensive plan of activities and arrangements to share with the scholar well in advance of the proposed visit. Each OLF travel grant will cover the scholar's roundtrip airfare, per diem meals and incidental expenses for the duration of OLF activities, plus a modest transit allowance. OLF host institutions are strongly encouraged, but not required, to cover lodging and local transportation for the for the duration of the proposed OLF program.

Special consideration will be given to campuses that have not previously participated in Fulbright exchanges, including minority-serving institutions, liberal arts colleges, women's colleges, art schools, community colleges, and rural institutions.

How U.S. Institutions Can Use OLF Visits

Alvernia University (PA) hosted a Fulbright Visiting Scholar from Brazil whose primary host institution was the University of Iowa. The scholar spoke on the topic of "Hidden Dialogues Between Two Americas" to students and faculty.

Florida International University (FL) partnered with Brownsville Community Garden to host a Fulbright Scholar-in-Residence from Burkina Faso. The scholar provided multiple lectures and dance performances promoting Diversity and Peace. These lectures included the following topics "Diversity Deepens our Connections to Each Other" and "Diversity nourishes Peace". The scholar's primary host was Naugatuck Valley Community College in Connecticut.

South Carolina State University (SC)

hosted a Fulbright Scholar-In-Residence from Indonesia to conduct an interactive lecture-recital of Javanese Gamelan music. The scholar's primary host institution was Earlham College in Indiana.

language learning.

Southwestern Indian Polytechnic Institute (NM) hosted a Fulbright Visiting Scholar from India who lectured on gender and cultural issues in India and screened the documentary *XXWhy: A Transgender Story.*

Wartburg College (IA) partnered with Hawkeye Community College (IA) and Waverly Shell-Rock High School (IA) to host a Costa Rican Scholar to conduct multiple lectures on the Role of Language as a Vehicle for Learning Culture and Defining Identity and the Importance of Becoming a Global Citizen. The scholar also spoke to multiple ESL departments and Spanish classes about the importance of foreign

Western Nevada College (NV) hosted a Fulbright Visiting Scholar from Tunisia who lectured on agriculture and drought conditions in arid regions. Her primary host was the United States Department of



OLF VISITS

Through the Outreach Lecturing Fund, you can invite a Fulbright Visiting Scholar to:

- Offer department or institution-wide lectures to students and/or faculty
- Speak on the history and culture of their country
- Meet with faculty to exchange ideas and engage in informal discussions with students
- Engage the wider community around your campus

For more information, visit fulbrightscholars.org/olf

Email olf@iie.org





The Fulbright Program is sponsored by the U.S. Department of State with funding provided by the U.S. Government and administered by the Institute of International Education.

OVERVIEW OF HEALTH BENEFITS for Fulbright Visiting Scholars

Medical insurance in the United States is organized on a private, fee-paying basis, and medical treatment can be quite expensive. Under the Fulbright educational exchange program, you are entitled to an exclusive health care program designed by the U.S. Department of State (USDOS) and administered by Seven Corners, Inc. This program, the Accident and Sickness Program for Exchanges (ASPE), is intended to cover medical expenses related to accidents, sicknesses, and emergencies that occur while you are participating in the Fulbright Program.

This handout is designed to give you a very basic introduction to using the ASPE plan. For more detailed information, please review the reference booklet, *Your ASPE Guide to Health Care Coverage*, available online at <u>https://www.sevencorners.com/about/gov/usdos</u>.

Benefits in brief

Your ASPE health benefits typically matches the effective date of the grant as printed on your DS-2019. The ASPE health benefit plan is not an all-purpose health policy; it covers treatment for accidents or illnesses that occur while you are on an active grant. The ASPE is a self-funded, limited, health care benefit plan designed to pay covered medical expenses for eligible Exchange Participants. Covered medical expenses are subject to limitations.

Please carefully review the benefits and exclusions of coverage, which are explained in the ASPE Guide, downloadable here: <u>https://www.sevencorners.com/docs/default-source/usdos-documents/usdos-benefit-guide-pdf.pdf?sfvrsn=786a4f2d_5</u>

Please note that ASPE is for grantees only; accompanying dependents are not covered. However, you are required to obtain health insurance for any family members who will accompany you to the United States on a J-2 visa. See the *Guide for Visiting Fulbright Scholars* for more information.

Important concepts in U.S. healthcare

In addition to understanding the benefits, procedures, and limitations of your ASPE coverage, you need to be aware of the following concepts related to health benefits coverage in the United States.

Co-pay

You are responsible for a \$25 co-pay for all office visits and \$75 for hospitalizations, urgent care and any visit to the emergency room (ER) even if they are not real emergencies. All providers will require you to submit the appropriate co-pay during your medical visit. There is also a \$15 co-pay for all brand name drugs with a generic equivalent available. The co-pay amount is pre-printed on your ASPE identification card. During your grant period, the maximum cumulative amount you that you can be responsible for in paying in co-pays is \$500. You will be refunded any co-pays that exceed this limit (once you submit receipts as proof of payment).

Preferred Provider Organization (PPO)

The ASPE health benefit plan contains a Medical Provider Network inside the United States. A Medical Provider Network or Preferred Provider Organization (PPO) is a network or group of doctors and hospitals that have entered into an agreement with Seven Corners to accept discounted fees for medical services. It is in your best interest to go to a provider in the Network because you will not have to pay out-of-pocket fees and your claims for services will be billed directly to Seven Corners. In addition, if you use a provider in the PPO with your ASPE coverage, the provider cannot bill you for any covered benefits except the \$25 co-pay for office visits, ER care, urgent care or hospitalizations.

If you go to a provider outside of the network, you will be responsible for any charges beyond the \$25 co-pay. You may have to submit full payment at the time of service, and then submit a claim to ASPE. Your reimbursement will be based on what are known as usual, customary and reasonable charges.

Usual, customary and reasonable charges (UCR)

Any time you go to a health care provider outside the PPO network associated with your ASPE coverage, UCR charges apply. These charges are the "going rate" that providers in your area charge for a service. Specifically, a *usual* fee is the amount regularly charged for a specific procedure; a *customary* fee is a fee that falls within the range of fees that most doctors in the area charge; and a *reasonable* fee is one that is justifiable considering any extraordinary circumstances or unusual conditions involved. If you receive care from an out-of-network provider that is determined to be beyond what is usual, customary, and reasonable, you may incur additional charges.

To care for a sore throat, for example, you may go to an out-of-network provider who charges \$150 for the office visit. You would pay the \$25 co-pay and, if the provider requests full payment at the time of service, you would pay the remaining \$125 during your visit as well. You would then submit a claim to ASPE for reimbursement. If the actual UCR charges for the office visit are only \$90, ASPE would send you a check for that amount. You would not be reimbursed for the other \$35. In the same example, the out-of-network provider may submit a claim directly to ASPE for the \$125 (after your \$25 co-pay) instead of requesting full payment from you at the time of service. ASPE would pay the provider \$90 to cover the UCR charges, and the provider will likely then send you a bill for the remaining \$35. In either case, the \$45 is your out-of-pocket expense for going outside the network. To avoid such charges, it is in your best interest to seek care only from providers in your PPO network.

Using ASPE coverage

Prior to your arrival in the United States, please visit: <u>https://myplan.sevencorners.com/</u> to print your ASPE ID Card. Please use the ID card when making appointments with providers, using Urgent Care or ERs, and when filling a prescription at a pharmacy.

In the United States, when you call a doctor's office for an appointment or present your ID card to a provider, it is important for you to say:

"My healthcare coverage utilizes the First Health International Network. Are you a First Health International participating provider?"

All ASPE claims and inquiries regarding coverage should be addressed to:

Seven CornersP.O. Box 3724Tel: 800-461-0430 (toll free; use when inside the U.S.) Carmel, IN46082-3724Tel: 317-818-2867 (collect; use when outside the U.S.)www.usdos.sevencorners.comFax: 317-575-6467ASPEinfo@sevencorners.comFax: 317-575-6467

IMPORTANT TRAVEL GUIDANCE for Fulbright Visiting Scholars

This handout highlights some key travel regulations, particularly for flights originating or terminating in the United States, and what to expect at your U.S. Port of Entry. You can find more detail on the U.S. Transportation Security Administration's (TSA) Web site: <u>www.tsa.gov/</u> and on the U.S. Customs and Border Protection's Web site: <u>www.cbp.gov</u>.

Considerations for packing your checked baggage:

- Place identification tags with your name, address and phone number on all of your baggage, including your laptop computer. Placing identification tags inside your luggage is also advisable.
- Checked baggage should be left unlocked so TSA screeners do not have to break your lock to inspect the contents. Also, avoid over-packing so your articles won't spill out if your bag is opened for inspection.
- Leave gifts unwrapped until after you arrive at your destination. TSA screeners will open them if X-rays are unable to identify the contents. (This applies to carry-on baggage as well.)

Considerations for packing your carry-on baggage:

- Think carefully about the personal items you place in your carry-on baggage. TSA screeners may have to open your bag and examine its contents. Consider putting personal belongings in clear plastic bags to reduce the chance that a screener will have to handle them.
- All liquids, gels and aerosols in your carry-on baggage must be in three-ounce or smaller containers. Larger containers that are half-full or toothpaste tubes rolled up are not allowed. Each container must be three ounces or smaller, and must be placed together in one quart-size, zip-top, clear plastic bag. Gallon size bags or bags that are not zip-top are not allowed. Each traveler can use only one, quart-size, zip-top, clear plastic bag.
- Do not carry any prohibited objects or items that may seem to cause risk in your carry-on luggage (e.g., pocket knives, carpet knives and box cutters, ice picks, straight razors, metal scissors, and metal nail files.) Such cutting and puncturing instruments will be confiscated.

While at the airport:

- Be prepared to cooperate with all airport personnel.
- Do not joke about having a bomb or firearm. Do not discuss terrorism, weapons, explosives, or other threats while going through the security checkpoint. The mere mention of words such as "gun" or "bomb" can compel security personnel to detain and question you. They are trained to consider these comments as real threats.
- Do not accept packages from strangers. Watch your bags and personal belongings at all times. When asked who packed your bags and if they've been unattended at all, think carefully and answer honestly.
- When passing through security, all travelers must remove their quart-sized plastic, zip-top bags from their carry-on and place it in a bin or on the conveyor belt for X-ray screening.
- Security personnel will search a bag if the X-ray scan cannot determine its contents.
- Electronic items, such as laptop computers and cell phones, may be subjected to additional screening at security. Be prepared to remove such items from your bags for inspection.
- Be prepared to provide emergency contact information to airline personnel; for international flights, airlines

are required to collect your full name and ask you for a contact name and phone number.

Arriving at your U.S. Port of Entry:

Please read this section carefully and remember that failure to comply with U.S. government entry-exit procedures may result in denial of entry to the United States.

- Flight attendants or U.S. Customs and Border Patrol (CBP) officers will distribute Customs Declaration Forms (CF-6059).
- If you are travelling by air or sea, your arrival and departure information will be automatically recorded electronically and available for review at <u>www.CBP.gov/194</u>. CBP officers will stamp your passport and any accompanying dependents' passports with the date of admission, class of admission and a hand- written admitted until date.
- If entering the United States by land, in addition to distributing the Customs Declaration Form (CF-6059), CBP officers will provide an Arrival Departure Record Form (I-94) for each person entering the United States. <u>The Form I-94 should be completed to match your passport, visa and DS-2019</u> and should reflect the address where you will live, not the address of the program. If you do not have a permanent address, indicate a short-term address, such as a hotel address.
- Be prepared to present the following: your passport, your DS-2019, Customs Declaration Form (CF-6059), and a copy of your Fulbright grant Terms and Conditions.
- When a CBP officer asks your reason for entering the country, <u>it is important to respond that you</u> <u>are an exchange visitor</u>. The CBP officer may ask you a few questions (e.g. the purpose of your trip, how long you will be in the United States, your residence abroad). As part of the U.S. Department of Homeland Security US-VISIT Program, all exchange visitors will be photographed and fingerprinted by a CBP officer.
- The CBP officer will advise when you must leave the United States, writing in your passport or on your Form I-94, either a date or "D/S" (duration of status). If duration of status is indicated, you may remain in the United States as long as you pursue authorized grant activities (effective through the end date on your DS-2019). Travel documentation should be annotated "J-1 D/S"; your dependents' should be annotated
- "J-2 D/S." If you notice any inaccuracy, please notify the CBP officer immediately.
- The CPB officer may send you to a second inspection area for further review or issuance of additional documentation. You should have the name and telephone number of your IIE contact in case the CBP officer needs to verify your admission/participation.
- In some cases, the CBP officer will issue Form I-515A ("Notice to Student or Exchange Visitor"), which authorizes temporary admission into the United States. <u>If you are issued an I-515A, inform</u> your IIE contact person immediately.

WITHHOLDING OF FEDERAL INCOME TAX from Fulbright Visiting Scholar grants

With limited exceptions, Fulbright Scholar grants are taxable. Most scholars who receive any payments from IIE during their Fulbright grants are required to pay U.S. federal income tax.

The Tax Reform Act of 1986 requires IIE to withhold estimated federal income tax from all payments it makes to scholars, except scholars from countries that have current tax treaties with the United States that exempt the withholding requirement. You should be exempt from withholdings based on the tax treaty between your country and the United States.

If you receive funds from any U.S. organization other than IIE, you should check directly with that source regarding their procedure for handling withholding taxes.

Tax filing obligations

Even though you may be exempt from paying U.S. income tax, you still must submit a tax return to the U.S. federal government for each calendar year that you are in the United States. In order to file a federal and/or state income tax return, you must have either a Social Security number (SSN) or an individual Taxpayer Identification number (ITIN). Please consult the Visting Scholar online <u>Guide</u> for details on how to apply. Once you receive either a Social Security card (with SSN) or your ITIN, submit your number to IIE immediately through the self-service portal (<u>https://connect.iie.org</u>) <u>Tax treaty benefits can only be claimed by individuals who apply for and obtain an SSN or ITIN and file a U.S. income tax return.</u>

For IIE-Paid Scholars only:

If you are being paid by IIE, you will be prompted by Sprintax, Fulbright's tax service, to complete your tax profile and W8-BEN near your arrival date. Please follow any instructions you receive promptly to ensure the efforts to comply with your tax obligations go as smoothly and quickly as possible.

For Commission-Paid Scholars only:

If you are being paid by the Fulbright Commission/Foundation in your home country, your grant payments are most likely considered "foreign source income" and therefore not subject to U.S. taxation (although you will still have to file annual tax paperwork and will be prompted at arrival to submit your foreign tax ID number and other tax-related arrival paperwork). You can check with your Commission/Foundation regarding your tax liability on payments it makes to you. **Important:** Do note that if you participate in the Outreach Lecturing Fund (OLF) or if IIE makes any other payments to you or on your behalf such as for participation in Enrichment Seminars or Anchor Cities programming, payments are subject to U.S. taxation.

Scholars who do not receive their payments from IIE still must complete <u>Form W8-BEN</u>, the Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. A sample of the form is included on the next page with your grant packet, and instructions for completing it are included on the reverse of this page. A fillable electronic version of the form can be accessed at <u>https://www.irs.gov/pub/irs-pdf/fw8ben.pdf</u> and should be completed and returned to IIE via the self-service portal found at this link: https://connect.iie.org. To set up your self-service portal account, please enter the email address reported on your Fulbright application, click on "Forgot your Password", and follow the subsequent instructions.

The below is a sample form to assist you in filling out the following: <u>https://www.irs.gov/pub/irs-pdf/fw8ben.pdf</u>

Once completed, upload it to your self-service portal account at <u>https://connect.iie.org</u>

Form W-8BEN	Certificate of Foreign Stat States Tax Withholdin				
Rev. October 2021)		Entities must use Form W-88	,	CMB No. 1545-1621	
Department of the Treasury	Go to www.irs.gov/FormW8BE/				
nternal Revenue Service	Give this form to the withholdi	ngagent or payer. Do not se	nd to the IRS.		
DoNOT use this form				Instead, use For	
•You are NOT an indivi				W-8BEN	
	or other U.S. person, including a resident alien			W	
•You are a beneficial or (other than personal s	wher claiming that income is effectively connected ervices)	ted with the conduct of trade:	or business within the Uni	ted States · · · · · W-8E	
•You are a beneficial or	wher who is receiving compensation for person	al services performed in the U	nited States	8233 or W	
•You are a person actin	ng as an intermediary			W-8M	
Note: If you are residen provided to your jurisdi	nt in a FATCA partner jurisdiction (that is, a Mo iction of residence.	del 1 IGA jurisdiction with rec	iprocity), certain taxacc	ount information may l	
	cation of Beneficial Owner (see instr	uctions)			
1 Name of individ	ual who is the beneficial owner	who is the beneficial owner 2 Country of		ofcitizenship	
OUR NAME			R HOME COUNTRY		
	dence address (street, apt. or suite no., or rural	routej. Do not use a P.U. box	or in-care-of address.		
	DDRESS IIN YOUR HOME COUNTRY ite or province. Include postal code where app	eriate	Country		
HOME CITY	nea province inside possilo de vinde que	oprioe.	HOME COU	NTDY	
	(if different from above)		HOME COO	ne eve	
FILL OUT IF APPLICAT	BLE FOR YOUR HOME COUNTRY				
	ite or province. Include postal code where app	ropriate.	Country		
ADD US SS	lentification number (SSN or ITIN), if required (s N OR ITIN IF YOU HAVE ONE.	IF NOT, LEAVE BLAN		[
-	tifying number (see instructions) NUMBER FROM HOME COUNTRY				
7 Reference numb	en(s) (see instructions)	8 Date of birth (MM-DD-Y			
7 Reference numb LEAVE BLA	er(s) (see instructions) NR(YOUR DATE OF BI	RTH		
7 Reference numb LEAVE BLA Part II Claim o	er(s)(see instructons) NR(yf Tax Treaty Benefits (for chapter 3 (YOUR DATE OF BI ourposes only) (see instr	(RTH) uctions)	eaning of the income t	
7 Reference numb LEAVE BLA Partil Claim o 9 Icertify frat the	er(s)(see instructions) NRJ of Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u>	YOUR DATE OF BI ourposes only) (see instr	(RTH) uctions)	eaning of the income to	
7 Reference numb LEAVE BLA Part II Claim of 9 Identify that the treaty between t	er(s)(see instructons) NR(yf Tax Treaty Benefits (for chapter 3 (YOUR DATE OF BI DUIPOSES ONLY) (SEE INST TRY, IF CLAIMING A TAX TR	RTH uctions) EATY within them	-	
7 Reference numb LEAVE BLA Part II Claim of 9 Identify that the treaty between t	er(s) (see instructions) NE xf Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county.	YOUR DATE OF BI Durposes only) (see instr TRY, IF CLAIMING A TAX TR The beneficial owner is claimi	RTH uctions) EATY within them	- le and paragraph	
7 Reference numb LEAVE BLA Part II Claim of 9 Identify that the treaty between 1 10 Special rates a ENTER THE TA	er(s) (see instructions) NE(of Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (flapplicable—see instructions) of the treaty identified on lines Of the treaty identified on lines WITREATY YOU ARE REFERENCING. YOU	YOUR DATE OF BI DUIPOSES ONLY) (See instr TRY, IF CLAIMING A TAX TR The beneficial owner is claimi Pabove to claim a% rat MAY WISH TO SEEK TAX AU	IRTH LATY within them Ing the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA)	eand paragraph ify type of income): VETT BLANK.	
7 Peterence numb LEAVE BLA Part II Claim of 9 Identify that the treaty between 1 10 Special rates a ENTER THE TA	er(s) (see instructions) NKJ of Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (fapplicable—see instructions) of the treaty identified on lines	YOUR DATE OF BI DUIPOSES ONLY) (See instr TRY, IF CLAIMING A TAX TR The beneficial owner is claimi Pabove to claim a% rat MAY WISH TO SEEK TAX AU	IRTH LATY within them Ing the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA)	eand paragraph ify type of income): VETT BLANK.	
7 Reference numb LEAVE BLA Part II Claim of 9 Identify that the treaty between 1 10 Special rates a ENTER THE TA Explain the add	er(s) (see instructions) NE ATTREAT Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (fapplicable—see instructions) of the treaty identified on lines the treaty identified on lines X TREATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph t	YOUR DATE OF BI DUIPOSES ONLY) (See instr TRY, IF CLAIMING A TAX TR The beneficial owner is claimi Pabove to claim a% rat MAY WISH TO SEEK TAX AU	IRTH LATY within them Ing the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA)	eand paragraph ify type of income): VETT BLANK.	
7 Reference numb LEAVE BLA Part II Claim o 9 I certify that the treaty between 1 10 Special rates a ENTER THE TA Explain the addi	er(s) (see instructions) NE AT Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (fapplicable—see instructions) of the treaty identified on lines Of the treaty identified on lines IX TREATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph t ation	YOUR DATE OF BI DUIPOSES ONLY) (See instr TRY, IF CLAIMING A TAX TR TRE beneficial owner is claim Dabove to claim a% rat MAY WISH TO SEEK TAX AI he beneficial owner meets to b	RTH LATY within them ng the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA) e eligible for the rate of v	e and paragraph ify type of income): vEITBLANK. ithholding:	
7 Reference numb LEAVE BLA Part II Claim of 9 I certify that the treaty between 1 10 Special rates a ENTER THE TA Explain the addi Part III Certific hdw pandties of pajuy, I ded	er(s) (see instructions) NE(AF Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that country. Indiconditions (if applicable—see instructions) of the treaty identified on line s of the treaty identified on line s IX TREATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph t ation are that I have examined the information on this form and to the	YOUR DATE OF BI DUIPOSES ONLY) (See in str TRY, IF CLAIMING A TAX TR TRY, IF CLAIMING A TAX TR The beneficial owner is claim above to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b	IRTH LATY within them of the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA e eligible for the rate of v	e and paragraph ify type of income): vE IT BLANK. ithholding: tity under panelties of paying t	
 7 Reference numbilities of part II Claim of 9 I certify that the treaty between 1 10 Special rates a ENTER THE THE THE THE THE THE THE THE THE THE	er(s) (see instructions) NE AT Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (fapplicable—see instructions) of the treaty identified on lines Of the treaty identified on lines IX TREATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph t ation	YOUR DATE OF BI DUIPOSES ONLY) (See in str TRY, IF CLAIMING A TAX TR TRY, IF CLAIMING A TAX TR The beneficial owner is claim above to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b	IRTH LATY within them of the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA e eligible for the rate of v	e and paragraph ify type of income): vE IT BLANK. ithholding: tity under panelties of paying t	
7 Peterence numb LEAVE BLA Part II Claim of 9 I certify that the treaty between 1 10 Special rates a ENTER THE TA Explain the addi Part III Certific Inder pendities of payuy, Ided I am the individual that is relates or an using this fi	er(s) (see instructions) NEQ of Tax Treaty Benefits (for chapter 3 beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (if applicable—see instructions) of the treaty identified on line S of the treaty identified on line S IX TREATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph the ation are that I have examined the information on this form and to the I is the beneficial owner (or am authorized to sign for the	YOUR DATE OF BI DUIPOSES ONLY) (See in str TRY, IF CLAIMING A TAX TR TRY, IF CLAIMING A TAX TR The beneficial owner is claim above to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b	IRTH LATY within them of the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA e eligible for the rate of v	e and paragraph ify type of income): vE IT BLANK. ithholding: tity under panelties of perjury ti	
 7 Peterence numbilitative BLA Part II Claim of 9 I certify that the treaty between 1 10 Special rates a ENTER THE THE THE THE Explain the addi Part III Certific Index pondities of paying, I dedition the individual that is relates or an using this field. The person named on line 	er(s) (see instructions) NEQ of Tax Treaty Benefits (for chapter 3) is beneficial owner is a resident of <u>HOME COUN</u> the United States and that country. Ind conditions (if applicable—see instructions) of the treaty identified on line S OK TREATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph the ation are that I have examined the information on this form and to the if the beneficial owner (or an authorized to sign for the form to document myself for chapter 4 purposes;	YOUR DATE OF BI DUIPOSES ONLY) (See in str TRY, IF CLAIMING A TAX TR TRY, IF CLAIMING A TAX TR The beneficial owner is claim above to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b	IRTH LATY within them of the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA e eligible for the rate of v	e and paragraph ify type of income): vE IT BLANK. ithholding: tity under panelties of perjury ti	
 7 Peterence numbilities of part II Claim of 9 I certify that the treaty between 1 10 Special rates a ENTER THE THE THE THE Explain the addi Part III Certific Inder pendities of paying, Ided. I am the individual that is relates or an using this for The person named on line. This form relates to: 	er(s) (see instructions) NEQ of Tax Treaty Benefits (for chapter 3) is beneficial owner is a resident of <u>HOME COUN</u> the United States and that country. Ind conditions (if applicable—see instructions) of the treaty identified on line S OK TREATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph the ation are that I have examined the information on this form and to the if the beneficial owner (or an authorized to sign for the form to document myself for chapter 4 purposes;	YOUR DATE OF BI DUIPDOSES ONLY) (See Instr TRY, IF CLAIMING A TAX TR TRY, IF CLAIMING A TAX TR The beneficial owner is claim MAY WISH TO SEEK TAX AI he beneficial owner meets to b set of my inculadge and belief it is true, individual that is the beneficial own	IRTH LATY within them of the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA e eligible for the rate of v	e and paragraph ify type of income): vE IT BLANK. ithholding: tity under panelties of paying t	
 7 Reference numbilities of part II Claim of global certify that the treaty between 1 10 Special rates a ENTER THE TA Explain the additional that is a comparison of part III Certific here provides of part III Certific is the person named on line. This form relates to: (a) income not effectively compared to the income of the provides of part (b) income effectively compared to the person named on line. 	er(s) (see instructions) NE(AT Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that country. Indiconditions (if applicable—see instructions) of the treaty identified on line s of the treaty identified on line s IX TREATY YOU ARE REFERENCING . YOU itional conditions in the Article and paragraph the ation arothet Here examined the information on this form and to the I if the beneficial owner (or an authorized to sign for the om to document myself for chapter 4 purposes; e 1 of this form is not a U.S. person; connected with the conduct of a trade or business in meeted with the conduct of a trade or business in the	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF The beneficial owner is claim yabove to claim a% rat MAY WISH TO SEEK TAX A(me beneficial owner meets to b set of my knowledge and belief it is true, individual that is the beneficial own the United States; United States but is not subject to	IRTH UCTIONS) EATY within them of the provisions of Artio e of withholding on (spec DVICE ON THIS OR LEA e eligible for the rate of v correct, endcomplete. I further co ner) of all the income or proc	- le and paragraph ify type of income): VE IT BLANK. ithholding: ithholding: mity under panelties of perjury the eeds to which this form	
 7 Reference numbilities of part II Claim of global certify that the treaty between 1 10 Special rates a ENTER THE TA Explain the additional that is a comparison of part III Certific here provides of part III Certific lamber or an using this field that the individual that is the person named on lin. This form relates to: (a) income not effectively com (b) income effectively com (c) the partner's share of the partner	er(s) (see instructions) NE(AT Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that country. Indiconditions (if applicable—see instructions) of the treaty identified on line s of the treaty identified on line s EXTREATY YOU ARE REFERENCING . YOU itional conditions in the Article and paragraph the ation arothet Have examined the information on this form and to the I if the beneficial owner (or an authorized to sign for the om to document myself for chapter 4 purposes; e 1 of this form is not a U.S. person; connected with the conduct of a table or business in meeted with the conduct of a table or business in the a partnership's effectively connected tavable income e;	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TR TRY, IF CLAIMING A TAX TR Dabove to claim a% rat MAY WISH TO SEEK TAX A(ne beneficial owner meets to b set of mylnowledge and belief it is true, individual that is the beneficial own the United States; United States but is not subject to or	IRTH In the provisions of Article EATY within the m Ing the provisions of Article e of withholding on (speci WICE ON THIS OR LEA) WICE ON THIS OR LEA e eligible for the rate of w comed, endcomplete. I further co ner) of all the income or proce tax under an applicable income	- le and paragraph ify type of income): VE IT BLANK. ithholding: ithholding: mity under panelties of perjury the eeds to which this form	
 7 Reference numbilities of part II Claim of global certify that the treaty between 1 10 Special rates a ENTER THE TA Explain the additional that is a certific of part III Certific here provides of part III Certific here provides of part of the part of the partner's share of (c) the partner's share of (c) the partner's amount 	er(s) (see instructions) NE(AT Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that country. Indiconditions (if applicable—see instructions) of the treaty identified on line s of the treaty identified on line s EXTREATY YOU ARE REFERENCING . YOU itional conditions in the Article and paragraph the ation are that I have examined the information on this form and to the I are the I have examined the information on this form and to the I are that I have examined the information on this form and to the I are that I have examined the information on this form and to the I are that I have examined the information on this form and to the I are the beneficial owner (or an authorized to sign for the mit of document myself for chapter 4 purposes; e 1 of this form is not a U.S. person; connected with the conduct of a trade or business in modes with the conduct of a trade or business in the a partnership's effectively connected tavable income; realized from the transfer of a partnership interest sub-	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF Characteris claim Dabove to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b set of my incodege and belief it is true, individual that is the beneficial own the United States; United States but is not subject to or ject to withholding under section 1	IRTH In the provisions of Article EATY within the m Ing the provisions of Article e of withholding on (speci DVICE ON THIS OR LEA) within the income of proceed correct, end complete. I further on ner) of all the income or proceed tax under an applicable income 446(f);	e and paragraph ify type of income): VE IT BLANK. ithholding: 	
 7 Reference numbrish LEAVE BLA Part II Claim of glocarify that the treaty between 1 10 Special rates a ENTER THE TAE Explain the additional transmission of paying Ided. Part III Certific Address and the individual that is related on lim. The person named on lim. The partner's an ountor the person named on inter 1 	er(s) (see instructions) NE AT Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (if applicable—see instructions) of the treaty identified on line s EXTREATY YOU ARE REFERENCING . YOU itional conditions in the Article and paragraph the ation ation arothet have examined the information on this form and to the I are thet I have examined the information on this form and to the I at the beneficial owner (or an authorized to sign for the time to document myself for chapter 4 purposes; is 1 of this form is not a U.S. person; connected with the conduct of a trade or business in meeted with the conduct of a trade or business in the a partnership's effectively connected taxable income; realized from the transfer of a partnership interest sub of this form is a resident of the treaty country listed on line 9 of this form is a resident of the treaty country listed on line 9 of this form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the form is a resident of the treaty country listed on line 9 of the	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF CLAIMING A TAX TF TF TAX TF TAX TF	IRTH Internations) EATY within the m Ing the provisions of Article e of withholding on (speci DVICE ON THIS OR LEA International for the rate of w International for the rate of w within the international for the rate of w International for the rate of w	e and paragraph ify type of income): VE IT BLANK. ithholding: 	
 7 Reference number LEAVE BLA Part II Claim of Special rates a special rates a ENTER THE TA Explain the additional that is relates or an using this if relates or an using this if the person named on lim. This form relates to: (a) income effectively conditioned in the person of the shore of the person rame of on lim. The person name of on lim. The person name of on lim. The person name of onlim. The person name of onlim. The person name of onlim. The person name of the forward on lim. The person name of onlime. 	er(s) (see instructions) NEQ of Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that country. Ind conditions (if applicable—see instructions) of the treaty identified on line s of the treaty identified on line s (X TREATY YOU ARE REFERENCING, YOU) itional conditions in the Article and paragraph the ation arothet have examined the information on this form and to the line attemposes; a 1 of this form is not a U.S. person; connected with the conduct of a trade or business in the conduct of a trade or business in the a partnership is effectively connected taxable income; realized from the transfer of a partnership interest sub of this form is a resident of the treaty country listed on line 9 of the soft as exchanges, the beneficial owner is an exemp rm to be provided to any withholding agent that has control,	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF Data to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b set of my knowledge and belief it is true, individual that is the beneficial own the United States; United States but is not subject to or ject to withholding under section 1 heform (if any)within the meaning of the threign person as defined in the in receipt, or outday of the income of w	RTH UCTIONS) EATY within them Ing the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA' e eligible for the rate of v correct, endcomplete. I further on ner) of all the income or proce tax under an applicable income tax under a	e and paragraph ify type of income): vE IT BLANK. ithholding: tily under panaties of perjury the eeds to which this form an e tax treaty; nitedStates and that country a	
 7 Reference numbilities of part II Claim of generative BLA Part II Claim of generative between 1 9 Locartify that the treaty between 1 10 Special rates a ENTER THE TAE Explain the additional that is relates or an using this fire is the person name don line. This form relates to: (a) income effectively (b) income effectively condition of the partner's share of (d) the partner's share of its for broker transactions of furthermore Lathorize this for the person name don into the person nam	er(s) (see instructions) NE(AT Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (if applicable—see instructions) of the treaty identified on line s AT REATY YOU ARE REFERENCING. YOU itional conditions in the Article and paragraph the ation arothet I have examined the information on this form and to the I are thet I have examined the information on this form and to the I arothet I have examined the information on this form and to the I are thet I have examined the information on this form and to the I arothet I have examined the information on this form and to the I arothet I have examined the information on this form and to the I are thet I have examined the information on this form and to the I arothet I have examined the information on this form and to the I arothet I have examined the information on this form and to the I arothet I have examined the information on this form and to the I arothet is form is not a U.S. person; connected with the conduct of a trade or business in the a partnership's effectively connected taxable income e; realized from the transfer of a partnership interest sub of this form is a resident of the treaty county listed on line 9 of the barter exchanges, the beneficial owner is an exemple	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF The beneficial owner is claim backet to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b set of my knowledge and balafit is true, individual that is the beneficial own the United States; United States but is not subject to or lect to withholding under section 1 heform (if any) within the meaning of the threigh person as defined in the in reseipt, or outsday of the income of w I will submit a new form within 30 ds	RTH UCTIONS) EATY within them Ing the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA' e eligible for the rate of v correct, endcomplete. I further on ner) of all the income or proce tax under an applicable income tax under a	e and paragraph ify type of income): vE IT BLANK. ithholding: tily under panaties of perjury t eads to which this form an e tax treaty; nitedStates and that country.	
 7 Reference numbilities of part II Claim of generative BLA Part II Claim of generative between 1 9 Locartify that the treaty between 1 10 Special rates a ENTER THE TAE Explain the additional that is relates or an using this fire is the person name don line. This form relates to: (a) income enter the of share of (d) the partner is share of (d) the partner is share of for broker transactions of uthermore I authorize this for the person name don into the person name don inthe person name	er(s) (see instructions) NE(AT Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Ind conditions (if applicable—see instructions) of the treaty identified on lines of the treaty identified on lines EXTREATY YOU ARE REFERENCING . YOU itional conditions in the Article and paragraph the ation so that have examined the information on this form and to the I if the beneficial owner (or an authorized to sign for the time to document myself for chapter 4 purposes; e 1 of this form is not a U.S. person; connected with the conduct of a table or business in meeted with the conduct of a table or business in the a partnership's effectively connected tavable income e; realized from the transfer of a partnership interest sub of this form is a resident of thetreaty county listed on line 9 of the beneficial owner, the beneficial owner is an exemp on to beprovided to any withholding agent that has control, it the income of which I ambe beneficial owner. Lagree that	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF The beneficial owner is claim backet to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b set of my knowledge and balafit is true, individual that is the beneficial own the United States; United States but is not subject to or lect to withholding under section 1 heform (if any) within the meaning of the threigh person as defined in the in reseipt, or outsday of the income of w I will submit a new form within 30 ds	RTH UCTIONS) EATY within them Ing the provisions of Artic e of withholding on (spec IVICE ON THIS OR LEA' e eligible for the rate of v correct, endcomplete. I further on ner) of all the income or proce tax under an applicable income tax under a	e and paragraph ify type of income): vE IT BLANK. ithholding: tily under panatises of perjuyti eeds to which this form me tax treaty; nitedStates and that country, o	
 7 Reference numbilities of part II Claim of g I certify that the treaty between 1 10 Special rates a ENTER THE TAE Explain the additional that is a constrained on line individual that is relates or an using this fill The person named on line. This form relates to: (a) income effectively constrained on line is share of (d) the partner's share of (d) the partner's share of (d) the partner's an ountrelates to a constrained on line is for broker transactions of cuthermore I authorize this for the partner's an ountrelates to a first the person named on line is for broker transactions of cuthermore I authorize this for the partner's an ountrelates to a more I authorize this for the partner's an ountrelates to a for broker transactions of cuthermore I authorize this for the partner's and the partner's and the partner's an ountrelates to a for broker transactions of cuthermore I authorize this for the partner's and the partner's	er(s) (see instructions) NEQ of Tax Treaty Benefits (for chapter 3) is beneficial owner is a resident of HOME COUN the United States and that county. Indiconditions (if applicable—see instructions) of the treaty identified on lines (XTREATY YOU ARE REFERENCING, YOU itional conditions in the Article and paragraph the ation article and paragraph to ation are that I have examined the information on this form and to the I is the beneficial owner (or an authorized to sign for the form to documentm yself for chapter 4 purposes; is 1 of this form is not a U.S. person; reconnected with the conduct of a trade or business in the a partnership's effectively connected taxable income; realized from the transfer of a partnership interest sub of this form is a resident of the treaty county listed on line 9 of the form to be provided to any withholding agent that has control, the income of which I and the beneficial owner. I agree that I certify that I have the capacity to sign for the person	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF CLAIMING A TAX TF Data to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b set of my incodege and belief it is true, individual that is the beneficial own the United States; United States but is not subject to or iect to withholding under section 1 heform (if any)within the meaning of the thoreign person as defined in the in receipt, or custody of the income of w I will submit a new form within 30 de identified on line 1 of this form.	RTH UCTIONS) EATY within the m Ing the provisions of Artic e of withholding on (spec DVICE ON THIS OR LEA' e eligible for the rate of w correct, endcomplete. I further on ner) of all the income or proce tax under an applicable income tax under	le and paragraph ify type of income): <u>VE IT BLANK.</u> ithholding: 	
 7 Reference number LEAVE BLA Part II Claim of Second Second	per(s) (see instructions) NE(AT Tax Treaty Benefits (for chapter 3) is beneficial owner is a resident of <u>HOME COUN</u> the United States and that county. Indiconditions (if applicable—see instructions) of the treaty identified on line s EXTREATY YOU ARE REFERENCING . YOU itional conditions in the Article and paragraph the ation ation ation ation article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article article ar	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF CLAIMING A TAX TF Data to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b set of my incodege and belief it is true, individual that is the beneficial own the United States; United States but is not subject to or iect to withholding under section 1 heform (if any)within the meaning of the thoreign person as defined in the in receipt, or custody of the income of w I will submit a new form within 30 de identified on line 1 of this form.	RTH UCTIONS) EATY within the m Ing the provisions of Artic e of withholding on (spec DVICE ON THIS OR LEA' e eligible for the rate of w correct, endcomplete. I further on ner) of all the income or proce tax under an applicable income tax under	ify type of income): VE IT BLANK. ithholding: ithy under panelties of perjury th eeds to which this form whe tax treaty; mitedStates and that country, of any withholding agent that co this form becomes incorrect	
7 Reference numb LEAVE BLA Part II Claim O 9 Locrify that the treaty between 1 10 Special rates a ENTER THE TA Explain the addi Part III Certific Inder pendies of payur, I ded I am the individual that is relates or an using this fit is The person name do nile This form relates to: (a) income effectively cor (c) the partner is share of (d) the partner is share of (d) the partner is share of (d) the partner is an ountri- The person name do nile 1 to For broker transactions of furthermore I authorize this for isons or make payments of Sign Here	er(s) (see instructions) NEQ of Tax Treaty Benefits (for chapter 3) is beneficial owner is a resident of HOME COUN the United States and that county. Indiconditions (if applicable—see instructions) of the treaty identified on lines (XTREATY YOU ARE REFERENCING, YOU itional conditions in the Article and paragraph the ation article and paragraph to ation are that I have examined the information on this form and to the I is the beneficial owner (or an authorized to sign for the form to documentm yself for chapter 4 purposes; is 1 of this form is not a U.S. person; reconnected with the conduct of a trade or business in the a partnership's effectively connected taxable income; realized from the transfer of a partnership interest sub of this form is a resident of the treaty county listed on line 9 of the form to be provided to any withholding agent that has control, the income of which I and the beneficial owner. I agree that I certify that I have the capacity to sign for the person	YOUR DATE OF BI DUIPDOSES ONLY) (See in str TRY, IF CLAIMING A TAX TF TRY, IF CLAIMING A TAX TF CLAIMING A TAX TF Data to claim a% rat MAY WISH TO SEEK TAX AI the beneficial owner meets to b set of my incodege and belief it is true, individual that is the beneficial own the United States; United States but is not subject to or iect to withholding under section 1 heform (if any)within the meaning of the thoreign person as defined in the in receipt, or custody of the income of w I will submit a new form within 30 de identified on line 1 of this form.	RTH UCTIONS) EATY within the m Ing the provisions of Artic e of withholding on (spec DVICE ON THIS OR LEA' e eligible for the rate of w correct, endcomplete. I further on ner) of all the income or proce tax under an applicable income tax under	le and paragraph ify type of income): <u>VE IT BLANK.</u> ithholding: 	