

Health Insurance Compliance Form

PLEASE TYPE, PRINT OUT, AND SAVE FOR YOUR FILES

The California State University system requires F-1 and J-1 students to carry insurance that meets the following requirements:

1. Medical benefits of at least **\$50,000.00 US dollars** per accident or illness;
2. Co-Payment must not exceed **25%** of each bill;
3. Repatriation of remains in the amount of **\$7,500.00 US dollars**;
4. Expenses associated with the medical evacuation of the student to his or her home country in the amount of **\$10,000.00 US dollars**;
5. The deductible must not exceed **\$500.00 US dollars** per accident or illness;

(Please note: J-1 students must also secure insurance for J-2 dependents).

Evidence of adequate coverage will be required before you can register for classes

You may purchase insurance through the Associated Students Office. If you already have insurance coverage, you may petition for approval of alternate insurance by contacting the Associated Students Office by phone, 1 (510) 885-4843, fax, 1 (510)885-7415, or email, aspo@csueastbay.edu. You may also purchase insurance online with a Visa or Mastercard by accessing the following website: www.csuhealthlink.com. After you complete the online information, be sure to click on "Notify Your School" and CSUEB will be automatically notified of your enrollment.

Please visit the Center for International Education webpage for further information. <http://www.csueastbay.edu/cie>, click on "Welcome New Students".

Please sign below and return this with your application for admission.

AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE

I have read the above and agree to obtain and maintain health insurance coverage pursuant to CSU minimum requirements. I understand that I will not be allowed to register until I have provided proof of insurance that meets the stated requirements.

Print Name: _____ Signature: _____
Date: _____ Date of Birth: _____