



Instructions – F-1 STUDENTS

How to Document Your International Health Insurance Coverage

AMERICAN LANGUAGE INSTITUTE

www.sfsu.edu/~ali/insurance.html

****** You will be best served by purchasing the CSU-sponsored plan or having your insurance company fax or mail the Health Insurance Affidavit well in advance of your departure from your home country. ******

Option 1 – CSU-sponsored Insurance

The CSU-sponsored health insurance policy meets all of the ALI's requisite criteria. It is with Anthem PPO Prudent Buyer, through **Wells Fargo of California Insurance Services**. Students may purchase this policy online at: www.csuhealthlink.com.

Navigation: click on the 'Enroll Online Now!' button
select **San Francisco State University** from the list
scroll down to the **09-10 San Francisco State University – ALI** policy
click on Enroll and select the '**Spring**' term; follow the instructions. The cost for the Spring 2010 semester is \$338.

Option 2 – Other Health Insurance

If you have elected *not* to purchase the CSU-sponsored insurance, you must have your insurance company fill out the attached Health Insurance Affidavit on their letterhead. They can fax or mail it to the ALI.

By signing the affidavit, the insurance company, through its representative, assumes all responsibility for appraising compliance. We may randomly confirm the company data provided. Submission of false documents could result in the student's expulsion and possible deportation.

Coverage Period

You must have coverage for the entire academic semester. The only exception is insurance through your employer or your spouse's employer when it is provided month-to-month (contingent with employment).

Assist America

Some insurance policies meet all of our requirements with the single exception of medical evacuation and repatriation. In those instances **Wells Fargo of California Insurance Services** offers **Assist America** at a very reasonable rate. Students may purchase this policy online at: www.csuhealthlink.com

On Insurance Company / Employer Letterhead

HEALTH INSURANCE AFFIDAVIT - INTERNATIONAL STUDENTS:

(Please type or print legibly in ink)

Insured's Last Name, First Name, MI			
Address (Home)			
Address (US)			
Home Telephone #		Email:	

Insurance Company				
Policy Number				
<input type="checkbox"/> Insurance Company Phone <input type="checkbox"/> Employer Phone		Country Code:		
		No.		
Effective from:	Date (mm/dd/yy)		Effective until:	Date (mm/dd/yy)
<input type="checkbox"/> Employment-based policy		Insured's/Spouse's Employer:		

By signing below, I affirm that the person named above is covered by the health insurance policy described above and that the policy's benefits match or exceed all of the following criteria:

- Coverage must be valid during the entire semester
- Medical benefits of at least \$250,000 for each accident or illness
- Full Cost of Medical Repatriation or Evacuation
- Full Cost of Repatriation of remains
- Minimum 75% co-insurance for each accident or illness
- No Capped Benefits (e.g. \$1,200 per day for Hospital Room)
- Maximum deductible of \$100 per condition per policy year
- Maximum out of pocket expenses less than \$2,500 / year
- No pre-existing conditions "wait period"

Supplemental coverage needed to meet the Medical Evacuation and Repatriation

Representative of: Insurance Company Employer

Name: _____ Title: _____

Signed: _____ Date: _____

Any falsification or misrepresentation, whether intentional or otherwise, could result in insured's expulsion from ALI. The insured individual named above is legally responsible for their medical, repatriation and evacuation expenses and ALI assumes no responsibility for any medical treatment, repatriation or evacuation.

Please Deliver completed form by Hand, FAX or Mail to:

American Language Institute
1600 Holloway Avenue
San Francisco, CA 94132-4200
ATTN: Diana Fung

Email: ali@sfsu.edu
FAX: US 1 (415) 338-1717