



STUDENT HEALTH SERVICES
www.sfsu.edu/~shs/insurance/international.htm

Instructions – F-1 STUDENTS & SCHOLARS

How to Document Your International Health Insurance Coverage

****** 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 SFSU's requisite criteria. It is with **Blue Cross**, through **Acordia Somerton Student Insurance**. Students may purchase this policy online at: www.csuhealthlink.com.

Navigation: select San Francisco State University from drop-list and click Submit button
 go to **06-07 San Francisco State Univ-Int'l** (first section)
 click on Enroll and select the appropriate term

See our website (<http://www.sfsu.edu/~shs/insurance/international.htm>) for instructions regarding purchases for shorter periods. *Acordia Somerton will automatically notify the SFSU registrar upon completion of each purchase.*

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 SFSU Student Health Services to expedite clearance of the insurance hold on your registration.

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.

Please allow 10 business days for the Affidavit to be reviewed by the Student Health Services and submitted to the SFSU Registrar's Office for clearance of registration holds.

Students can check their registration status on the web at: www.sfsu.edu/student, or they may contact the Registrar's Office at: (415) 338-2350

Coverage Period

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

See our website (<http://www.sfsu.edu/~shs/insurance/international.htm>) for information regarding graduating students, OPT, etc.

Assist America

Some insurance policies meet all of our requirements with the single exception of medical evacuation and repatriation. In those instances **Acordia Somerton Student Insurance** offers **Assist America** at a very reasonable rate. Students may purchase this policy on Somerton's web site: www.csuhealthlink.com

Option 3 – Government Sponsored Insurance

If you are a citizen of Sweden or Norway please submit the following in advance of arrival:

- A copy of your insurance card with your name on it
- Your UIN (SFSU student identification number)
- Your email address or US phone number

Warning: Should you be unable to provide proof of coverage in advance of your departure by one of the methods described above, please be advised that staffing is limited and you could experience prolonged delays in clearing your registration hold, especially if you have selected Option 2. Act early, to avoid putting your enrollment at risk.

HEALTH INSURANCE AFFIDAVIT - INTERNATIONAL STUDENTS AND SCHOLARS:

(Please type or print legibly in ink)

Insured's Last Name, First Name, MI			
SFSU Unique Identification Number (UIN)			
Address (Home)			
Address (US)			
Home Telephone #		Email:	

Insurance Company				
Policy Number				
<input type="checkbox"/> Insurance Company Phone	<input type="checkbox"/> Employer Phone	011	Country Code:	No.
Effective from:	Date		Effective until :	Date
		eg 1 st August, 2006		eg 1 st August, 2007
<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:

- 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
- Coverage pre-paid for the entire academic year
- 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
- * Must cover pre-existing conditions, with a wait period of no more than six months when attending full academic year

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 SFSU. The insured individual named above is legally responsible for their medical, repatriation and evacuation expenses and SFSU assumes no responsibility for any medical treatment, repatriation or evacuation.

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

SFSU Student Health Service
 1600 Holloway Avenue, Room 73
 San Francisco, CA 94132-4200
 ATTN: International Health Insurance

Email: shsinsur@sfsu.edu
 FAX: US 1 (415) 338-2278