**** You will be best served by purchasing the CSU-sponsored plan or having your insurance company (or university) 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 (or sponsoring university) fill out the attached Health Insurance Affidavit on their stationery. They can fax or mail it to the SFSU Office of International Programs.

By signing the affidavit, the insurance company (or university), through its representative, assumes all responsibility for appraising compliance. SFSU may randomly confirm the company data provided. Submission of false documents could result in the student’s expulsion.

Please allow 10 business days for the Affidavit to be reviewed by the Student Health Services.

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 – Scandinavian 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

If you have national insurance from another country please employ Option 2 above.

Warning: Should you be unable to provide proof of coverage in advance of your departure for the US 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 – J-1 EXCHANGE STUDENT:
(Please type or print legibly in ink)

<table>
<thead>
<tr>
<th>Insured’s Last Name, First Name, MI</th>
<th>SFSU Student Identification Number (UIN)</th>
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<tr>
<th>Enrollment Period:</th>
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<tbody>
<tr>
<td></td>
<td>☐ Full Academic Year ☐ Other: From: To:</td>
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<thead>
<tr>
<th>Home Address:</th>
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<tr>
<th>☐ Insurance Company</th>
<th>☐ Sponsoring University</th>
</tr>
</thead>
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Policy Number

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<thead>
<tr>
<th>☐ Insurance Co. Phone:</th>
<th>☐ Sponsoring Univ. Phone:</th>
</tr>
</thead>
</table>

| International Prefixes: Country City Local |
|---------------------------------|----------------|-------|
|                                 |                |       |

Effective from: Date 

Effective until: Date

eg 1st August, 2006 

eg 1st August, 2007

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 (for applicable students)
- 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 criteria

Representative of: ☐ Insurance Company ☐ Sponsoring University

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 Office of International Programs
1600 Holloway Avenue, Adm 450
San Francisco, CA 94132-4200
ATTN: International Health Insurance – J1

Email: studyabr@sfsu.edu
FAX: US 1 (415) 338-6234

SFSU-Ins-AffidavitJ1_v18.doc