



C A L S T A T E
FULLERTON

Student Affairs
International Education & Exchange, UH-244
(714) 278-2787

**Alternate Health Insurance Petition Form
For International Students**

Directions: Use Tab key to move around the form. Fill in all the blanks

Student's Name:	ID#:
Student's Telephone #:	Insurance Policy #:
Name of Health Insurance Company:	

California State University Executive Order 622 requires that all visa students purchase and maintain adequate health insurance coverage during their period of enrollment at CSU Fullerton. In order to comply, your insurance policy must meet the following criteria:

1. The policy is valid at least until February 1 for Fall semester, August 1 for Spring Semester.
2. The medical benefit is at least U.S. \$100,000 per condition.
3. Co-payment does not exceed 25%.
4. The repatriation benefit is at least \$7,500.
5. The medical evacuation benefit is at least \$10,000.
6. The annual deductible does not exceed \$100.
7. The policy must be funded in the United States.
8. The policy must comply with Title 9 and/or the Civil Rights Restoration Act of 1987 (i.e. benefits for expenses incurred for pregnancy conditions must be provided in the same manner as for any other condition.)
9. The policy must provide benefits for conditions that have not been treated in the six months immediately preceding continuous coverage, OR have no greater than a six-month waiting period for conditions that have been treated within the six months immediately preceding continuous coverage.

You must attach the following to your petition:

- An English language copy of your policy's summary of benefits.
- Your health insurance ID card.
- Letter of prepayment from your insurance company OR from you current employer. (See F-1 for help)

Your petition will be reviewed by appointment only. Please make an appointment with Nancy Riedel, Insurance Coordinator.

Please look over your policy and complete the following information below:

	Student to Complete		Office Use Only
1. Dates of Coverage:	From	To	
2. Medical Benefit per condition:	\$		
3. Co-payment:	\$		
4. Repatriation benefit:	\$		
5. Medical evacuation benefit:	\$		
6. Annual deductible:	\$		
7. Policy is funded in the USA:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. Policy complies with Title 9/1987 Act:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. 6-month pre-existing condition covered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Student's Signature _____ Date _____

Approved by: _____ Date _____