

Petition to Approve Alternate Health Insurance Policy

F-1 Students

The California State University (CSU) and the SDSU International Student Center (ISC) require students to have a current health insurance policy that meets the requirements listed below. If your policy meets the requirements below, complete the appropriate section of this form and **attach a copy of your policy. If your petition is denied you are required to purchase the policy offered through the ISC no later than the first day of class.**

New Student _____ Continuing Student _____

Name _____ Red ID _____

Email _____ Telephone _____

Only the following are acceptable and will be approved:

- Policies for students sponsored by their home government
- Students with a U.S. policy through their employment or their spouses employment (must purchase the med evacuation/repatriation)
- Policies that are **part of your parents or spouses policy** in your home country that meet ALL requirements; if med evacuation/repatriation is not included it must be purchased.

For approval, you must provide evidence that your policy meets the following CSU criteria:

- The policy is valid until at least January 15, 2018.
- The medical benefit is unlimited with a co-payment limited to 25% and a deductible of no more than \$150
- The repatriation and medical evacuation benefits are unlimited
- The policy does not exclude benefits on the basis of gender (Under California Law, Title IX, the policy cannot exclude coverage, such as, but not limited to, maternity, **even if the policyholder is male**)
- The policy pays for pre-existing conditions.

I certify I have the following policy that meets the above requirements and have attached proof of my insurance coverage (check one):

_____ I have insurance through my home government sponsor _____
Name of sponsor

_____ I have insurance through U. S. employment that meets the CSU/ISC requirements and I have purchased medical evacuation/repatriation. _____
Name of insurance company

_____ I have insurance **as part of my parents or spouses policy** that meets the ISC requirements and I have purchased medical evacuation/repatriation. _____
Name of insurance company

Student Signature: _____ **Date:** _____

Your petition will be reviewed within 3-5 working days. If approved, your Insurance Hold will be cleared.

Office Use Only:

PENDING _____ Explanation _____
Date Notified _____ Initials _____

APPROVED _____
Date Approved _____ Init _____
Date Notified _____ Init _____

DENIED _____
Date Denied _____ Init _____ Reason _____
Date Notified _____ Init _____