



HEALTH INSURANCE AFFIDAVIT
F1/J INTERNATIONAL STUDENTS

Section #1 To be completed by the Student

Name Last/Family First/Given Middle Date of Birth Month/Day/Year

Address (in U.S.) Street /Apartment # City State Zip Code Phone Area Code + Number

Insurance Company Policy/Group #

I give permission to my insurance company representative to release all information about my health insurance coverage and complete and return this form to ALI at SF State University.

Signature Date

Section #2 To be completed by Insurance Representative

ALI Health Insurance Requirements

- 1. Coverage must be valid during the entire semester
2. Full coverage of medical expenses for each accident or illness
3. Minimum 75% co-insurance for each accident or illness
4. No Capped Benefits (e.g. \$1,200 per day for Hospital Room)
5. No deductibles per condition per policy year
6. Maximum out of pocket expenses less than \$2,500 / year
7. Must cover pre-existing conditions with no "wait period"
8. Unlimited medical evacuation and repatriation of remains

By signing below, I certify that the person named above is covered by a health insurance plan with benefits that match or exceed all of your school's insurance requirements.

The student named above is fully insured during the time period: to

Insurance Company:

Name: Title:

Signature: Date:

Any false or misrepresentation, could result in the student being expelled from the ALI at SF State University. The insurance student named above is legally responsible for his/her medical treatment and repatriation- evacuation expenses and ALI assumes no responsibility for any medical treatment and repatriation- evacuation.

Send completed form to: ATTN: Diana Fung
American Language Institute
1600 Holloway Ave San Francisco CA 94132
Email: ali@sfsu.edu Fax: 415-3381717