

PETITION TO APPROVE ALTERNATIVE INSURANCE POLICY

Student's Name: _____ SID #: _____

Student's Local Address: _____

Student's Telephone #: (____) _____

Name and Address of Student's Insurance Company: _____

To comply with California State University Executive Order 622 which requires that visa students obtain and maintain insurance coverage for health, medical evacuation and repatriation during their period of enrollment at CSLA in amounts at least equal to those specified by the United States Information Agency (USIA) and NAFSA: Association of International Educators, your insurance policy needs to meet the following criteria:

- 1) The policy is valid until at least September of the following year;
- 2) The medical benefit is at least \$100,000 per condition and the co-payment does not exceed 25%;
- 3) The repatriation benefit is at least \$7,500;
- 4) The medical evacuation benefit is at least \$10,000;
- 5) The deductible does not exceed \$100 per illness or injury;
- 6) The policy must be funded in the United States;
- 7) The policy must not require more than a six-month, treatment-free period prior to coverage and must not require more than a six (6) month waiting period.

Please state below why you believe your current policy fulfills the above requirements:

[In addition, you will need to **attach an English Language copy of your policy benefits** to this petition so that the Insurance Broker of Record can verify your statements.]

1) Dates of coverage: From _____ To _____

2) Medical benefit per condition: \$ _____

Copayment: _____%

3) Medical Evacuation benefit: \$ _____

4) Repatriation Benefit: \$ _____

5) The deductible is: \$ _____ per condition

6) The policy is funded in the USA: _____ location in the United States where funds are held.

7) The policy complies with Title 9 and/or the Civil Restoration Act of 1987 _____

8) Pre-existing condition/waiting period _____ months/ _____ months

Signature: _____ Date: _____