2018–2019

OPT ENROLLMENT FORM

San Francisco State University

International Student Insurance Plan

Complete the information below. Please print clearly and answer all questions, then mail to the address below prior to the applicable enrollment deadline date (*must be postmarked on or before the deadline date*). Incomplete forms will not be accepted. **For questions about enrollment, please contact Relation Insurance Services at (800) 537-1777.**

NOTE: You must submit (within 30 days from loss of coverage of your previous insurance termination date) either a copy of the second page of your I-20 which lists your OPT dates, or your Employment Authorization Card, or an official letter from the school stating your Optional Practical Training (OPT) dates along with this enrollment form.

1. ENTER STUDENT INFORMATION:

STUDENT'S LAST NAME	STUDENT'S FIRST NAME		MI
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR P.O. BOX #)			APT/UNIT #
CITY		STATE	ZIP
STUDENT'S DATE OF BIRTH (MM/DD/YYYY) / /	☐ FEMALE ☐ MALE	STUDENT'S PHONE NUMBER	STUDENT'S SCHOOL ID NUMBER
STUDENT'S EMAIL ADDRESS		OK TO CONTACT YOU VIA EMAIL?	☐ YES ☐ NO
ARE YOU AN INTERNATIONAL STUDENT? ☐ YES ☐ NO	IF YES, WHAT IS YOUR HOME COUNTRY OR COUNTRY OF REGULAR DOMICILE?	VISA TYPE:	☐ F1 ☐ J1 ☐ OTHER _____
VISA NUMBER	PASSPORT NUMBER	PASSPORT ISSUING COUNTRY	
BENEFICIARY'S LAST NAME	BENEFICIARY'S FIRST NAME		BENEFICIARY'S MI
BENEFICIARY'S COMPLETE MAILING ADDRESS	BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY) / /		BENEFICIARY RELATIONSHIP

2. SELECT THE COVERAGE YOU WISH TO PURCHASE AND CALCULATE THE TOTAL CHARGES (IF PURCHASING DEPENDENT COVERAGE, DEPENDENT COVERAGE PERIOD MUST BE THE SAME AS THE STUDENT'S COVERAGE PERIOD)**:**

	ANNUAL 08/11/2018 to 08/09/2019	**ACADEMIC YEAR** 08/11/2018 to 05/31/2019	**EARLY START** 08/01/2018 to 12/31/2018	**FALL** 08/11/2018 to 12/31/2018	**SPRING** 01/01/2019 to 05/31/2019	**SUMMER** 06/01/2019 to 08/09/2019
STUDENT	☐ $ 1,764.00	☐ $ 1,470.00	☐ $ 803.00	☐ $ 735.00	☐ $ 735.00	☐ $ 294.00
SPOUSE/ DOMESTIC PARTNER	☐ $ 4,056.00	☐ $ 3,380.00	☐ $ 1,846.00	☐ $ 1,690.00	☐ $ 1,690.00	☐ $ 676.00
EACH CHILD	☐ $ 2,172.00	☐ $ 1,810.00	☐ $ 989.00	☐ $ 905.00	☐ $ 905.00	☐ $ 362.00
TOTAL AMOUNT DUE	= $	= $	= $	= $	= $	= $

The cost of coverage includes insurance premium and administrative fees.

3. IF ENROLLING DEPENDENTS, COMPLETE DEPENDENT INFORMATION ON PAGE 2 OF THIS FORM.
DEPENDENTS MAY BE ENROLLED IN THE PLAN ONLY IF THE STUDENT IS ALSO ENROLLED IN THE PLAN.

4. REMIT PAYMENT IN U.S. FUNDS ONLY. MAKE CHECK OR MONEY ORDER PAYABLE TO: RELATION INSURANCE SERVICES
OR COMPLETE CREDIT CARD INFORMATION BELOW.

CREDIT CARD AUTHORIZATION: CHARGE WILL APPEAR AS "STUDENT HEALTH INSURANCE, RELATION" ON YOUR CREDIT CARD BILL.			
CREDIT CARD #			
NAME OF CARDHOLDER (PLEASE PRINT)	CHARGE AMOUNT: $		EXPIRATION DATE ____/____
By signing below, I authorize my credit card to be charged the amount listed above for the coverage I have selected under the San Francisco State University International Student Insurance Plan.			
SIGNATURE OF CARDHOLDER			

5. STUDENT SIGNATURE:
I CERTIFY THAT I AM ENROLLED IN OPTIONAL PRACTICAL TRAINING AT SAN FRANCISCO STATE UNIVERSITY. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE SAN FRANCISCO STATE UNIVERSITY INTERNATIONAL STUDENT INSURANCE PLAN CERTIFICATE AND ELECT TO ENROLL FOR THE COVERAGE SPECIFIED ABOVE.

SIGNATURE _____ **DATE** _____

6. RETURN THIS FORM WITH PAYMENT TO: RELATION INSURANCE SERVICES, P.O. BOX 240042, LOS ANGELES, CA 90024
MUST BE POSTMARKED BY THE APPLICABLE DEADLINE DATE.

IF ENROLLING DEPENDENTS, COMPLETE DEPENDENT INFORMATION BELOW:

SPOUSE/DOMESTIC PARTNER LAST NAME	SPOUSE/DOMESTIC PARTNER FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)	☐ FEMALE ☐ MALE
VISA TYPE: ☐ F2 ☐ J2 ☐ OTHER ________	VISA NUMBER	PASSPORT NUMBER	PASSPORT ISSUING COUNTRY	
BENEFICIARY'S LAST NAME	BENEFICIARY'S FIRST NAME	BENEFICIARY'S MI		
BENEFICIARY'S COMPLETE MAILING ADDRESS	BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY) / /	BENEFICIARY RELATIONSHIP		

CHILD LAST NAME	CHILD FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)	☐ FEMALE ☐ MALE
VISA TYPE: ☐ F2 ☐ J2 ☐ OTHER ________	VISA NUMBER	PASSPORT NUMBER	PASSPORT ISSUING COUNTRY	
BENEFICIARY'S LAST NAME	BENEFICIARY'S FIRST NAME	BENEFICIARY'S MI		
BENEFICIARY'S COMPLETE MAILING ADDRESS	BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY) / /	BENEFICIARY RELATIONSHIP		

CHILD LAST NAME	CHILD FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)	☐ FEMALE ☐ MALE
VISA TYPE: ☐ F2 ☐ J2 ☐ OTHER ________	VISA NUMBER	PASSPORT NUMBER	PASSPORT ISSUING COUNTRY	
BENEFICIARY'S LAST NAME	BENEFICIARY'S FIRST NAME	BENEFICIARY'S MI		
BENEFICIARY'S COMPLETE MAILING ADDRESS	BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY) / /	BENEFICIARY RELATIONSHIP		

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VISA TYPE: ☐ F2 ☐ J2 ☐ OTHER ________	VISA NUMBER	PASSPORT NUMBER	PASSPORT ISSUING COUNTRY	
BENEFICIARY'S LAST NAME	BENEFICIARY'S FIRST NAME	BENEFICIARY'S MI		
BENEFICIARY'S COMPLETE MAILING ADDRESS	BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY) / /	BENEFICIARY RELATIONSHIP		

DEPENDENTS MAY BE ENROLLED IN THE PLAN ONLY IF THE STUDENT IS ALSO ENROLLED IN THE PLAN. Dependents must be enrolled on the date the student enrolls or within 31 days of marriage, birth, adoption or placement for adoption, arrival in the U.S., or ineligibility under another creditable coverage.

Newly acquired dependents (spouse and/or children) are not subject to the enrollment deadline dates. However, enrollment and premium payment for all newly acquired dependents (spouse and/or children) must be submitted within 31 days of marriage, birth, adoption or placement for adoption, or arrival in the U.S. (Proof of date of arrival in the U.S., birth, adoption, or marriage may be requested). **Otherwise, enrollment cannot be accepted after the enrollment deadline dates.**

No-Cost Language Assistance Services:

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or **(877) 246-6997**. For further help, call the CA Department of Insurance at **(800) 927-4357**.