Options for F-1 International students to clear Health Insurance Registration Hold in Spring 2016:

- **Option 1: CSU-Sponsored Health Insurance**
  
  CSU-sponsored health insurance is provided by Aetna through Wells Fargo Insurance Services. To purchase this insurance:
  
  1. Go to [https://www.csuhealthlink.com/](https://www.csuhealthlink.com/), click "Find Your School's Plan" and select "San Francisco State University".
  2. Look for the plan called **2015-2016 San Francisco State University - Intl**. Click "Enroll in Coverage". Spring 2016 new students should choose the "Spring Summer" plan (Plan covers from 1/12/2016 - 8/11/2016). Do not purchase other plans.
  3. Registrar's Office will clear your hold **within 48 hours**. You do not need to provide the proof of purchase to the Registrar's Office or OIP.

- **Option 2: Government-Sponsored Scholarship**
  
  E-mail a proof of your government scholarship that includes reference to your health insurance to OIP at oip@sfsu.edu. Please include your full-name and SF State ID in your e-mail.

- **Option 3: Employer-Sponsored Insurance**
  
  If you are receiving insurance coverage through an employer-sponsored plan (i.e. receipt of insurance is a part of the employment compensation through your spouse), please obtain a letter of your current insurance coverage from your insurance company, and purchase the **2015-2016 On Call International (Medical Evacuation & Repatriation) Plan** at [https://www.csuhealthlink.com/](https://www.csuhealthlink.com/). E-mail the letter and purchase confirmation of the **2015-2016 On Call International (Medical Evacuation & Repatriation) Plan** to oip@sfsu.edu. Please include your full-name and SF State ID in your e-mail.

- **Option 4: Other Health Insurance**
  
  If you have elected **not** to purchase the CSU-sponsored health insurance, you must have your insurance company complete the Health Insurance Affidavit form and print it on insurance company’s letterhead. The insurance company can fax or mail it to the SF State Student Health Services (SHS) to expedite clearance of the insurance hold on your registration.

  By signing the affidavit, the insurance company, through its representative, assumes all responsibility for appraising compliance. We may randomly confirm the company data provided. Submission of false documents could result in the student’s expulsion and possible loss of legal status in the U.S.

  Please allow **15 business days** for the Affidavit to be reviewed by the SHS and submitted to the SF State Registrar’s Office for clearance of health insurance registration hold.

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If you select option 2, 3, or 4, please submit required documents at least **15 business days** before your assigned class registration appointment showing in your Student Center to allow sufficient time to clear your health insurance registration hold.

**Option 4 will not be available starting Fall 2016.**
HEALTH INSURANCE AFFIDAVIT FOR F-1 INTERNATIONAL STUDENTS:

(Please type or print legibly in ink)

<table>
<thead>
<tr>
<th>Insured’s Last Name, First Name, MI</th>
<th>SF State Student ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Home)</td>
<td></td>
</tr>
<tr>
<td>Address (U.S.)</td>
<td></td>
</tr>
<tr>
<td>Home Telephone #</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td></td>
</tr>
<tr>
<td>Insurance Company Phone</td>
<td>011</td>
</tr>
<tr>
<td>Effective from Date</td>
<td>Effective until Date</td>
</tr>
</tbody>
</table>

By signing below, I affirm that the person named above is covered by the health insurance policy described above and that the policy’s benefits match or exceed all of the following criteria:

- Full Coverage of Medical Expenses for each accident or illness
- Unlimited Medical Evacuation and Repatriation of remains
- Coverage pre-paid for the entire academic year
- Minimum 75% co-insurance for each accident or illness
- No Capped Benefits e.g. $1,200 per day for Hospital Room
- No deductibles per condition per policy year
- Maximum out of pocket expenses less than $2,500 / year
- Must cover pre-existing conditions, with a wait period of no more than six months when attending full academic year

Representative of the Insurance Company:

Name: ___________________________ Title: ___________________________

Signed: ___________________________ Date: ___________________________

Any falsification or misrepresentation, whether intentional or otherwise, could result in insured’s expulsion from San Francisco State University (SF State). The insured individual named above is legally responsible for their full coverage of medical and unlimited repatriation and unlimited evacuation expenses and SF State assumes no responsibility for any medical treatment, repatriation or evacuation.

Please Deliver completed form by Hand, FAX or Mail to:

SF State Student Health Service
1600 Holloway Avenue, Room 73
San Francisco, CA 94132-4200
ATTN: International Health Insurance

Email: shinsur@sfsu.edu
FAX: U.S. +1 (415) 338-2392