



HEALTH INSURANCE WAIVER APPLICATION

Name:	Student ID#:
Telephone #:	Email:
Name of Alternate Insurance:	Primary Subscriber Name: Relation to Subscriber: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse

Attach a copy of: (1) Summary of Benefits (2) Proof of Insurance: including student name on policy and eligibility dates

To comply with California State University Executive Order 1082, which requires that students (F-1/J1) obtain and maintain adequate insurance coverage for health, medical evacuation and repatriation, your insurance policy **MUST** meet the following criteria:

- Policy is a U.S. employer based policy of a parent or spouse that covers the student
- I agree to maintain adequate coverage meeting all of the criteria listed for the duration of the school year.
- CSULB will audit a random number of students each semester. If approved, I agree to a possible audit, which would require proof of current coverage at the levels listed.
- Policy must have a designated claims contact in the U.S.
- Policy must be available in an English language version
- A minimum of \$500,000 total benefit per medical incident (illness, surgery, and/ or accident)
- Deductible not to exceed \$150 per year and \$100 per Emergency Room visit
- Annual out-of pocket expense maximum of \$6,350
- California Title IX Requirement: Pregnancy benefits for female student
- California Assembly Bill 1768 Requirements: Pre-existing conditions may be excluded from coverage for no more than 6 months
- 100% Medical Evacuation costs (transportation to home country in case of illness)
- 100 % Repatriation coverage (transportation of remains to home country in case of death)

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 required criteria. Any falsification or misrepresentation, whether intentional or otherwise, could result in insured’s expulsion from CSULB. CSULB assumes no responsibility for any medical treatment, repatriation, or evacuation. The insured individual named above is legally responsible for their medical repatriation, and evacuation expenses.

Student Signature: _____ Date: _____

CIE OFFICIAL USE ONLY

Waiver Application is Accepted Waiver Application is Denied Waiver Application is Incomplete
 Supplemental coverage information provided for CSU & CSULB approved Medical Evacuation and Repatriation policy through JCB Insurance : www.jcbins.com

Evaluator : _____ Date: _____

If approved: Supplemental coverage purchased and hold removed on _____