



**CENTER FOR SPECIAL ADMISSIONS
AND INTERNATIONAL AFFAIRS**
CSU BAKERSFIELD

Division of Enrollment Management
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International Student Health Insurance Purchase Agreement Form

I understand that, as a condition of enrollment as an F-1/J-1 international student within the California State University (CSU) system, it is my legal responsibility to purchase and continuously be covered under university group health insurance policy even if I have an alternative policy.

Furthermore, I understand that California State University, Bakersfield (CSUB) requires that I purchase the CSUB-sponsored policy which will be directly billed to my mysub account and payable through my mysub account (via credit card) or at the CSUB Cashier's Office (via cash or check). This policy is an excellent value and provides the coverage necessary to meet the requirements specified by the CSU and by J-1 visa regulations.

I understand that if I do not comply with this requirement, I will be prevented from registration and subject to disenrollment from my classes (and subject to pro-rated fees), which will result in a loss of my F-1/J-1 status.

In order to fill out and sign this form, you must have Adobe Acrobat/Reader. If you don't have it, please download Adobe Reader at: <https://its.csub.edu/support/software-downloads>(choose PC or Mac)

Name (Please Print)

Signature

Date