

Certification of Health Insurance

I, _____, certify that the attached document is in compliance with California State University Channel Islands Executive Order No, 62.

I will maintain health insurance coverage during my period of enrollment at California State University Channel Islands. I further certify that this health insurance coverage has the following limits.

1. Medical Benefits of at least \$50,000 USD per accident or illness.
2. Medical Evacuation coverage of at least \$10,000 USD.
3. Repatriation coverage of at least \$ 7,500 USD.

For the duration of:

_____/_____/_____ to ____/____/_____
Month Day Year Month Day Year

I understand that if I do not comply with this regulation, I will be subject to disenrollment from my classes, loss of my F-1 legal status and disallowed to register.

Signature

Date