



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 \$100,000 USD per accident or illness with the minimum total amount of \$250,000.
2. Medical Evacuation coverage of at least \$10,000 USD.
3. Repatriation coverage of at least \$ 7,500 USD.
4. Pre-existing condition waiting period must not exceed 6 months.

For the duration of:

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

I understand that failure to comply with this requirement could jeopardize my student status with the State of California.

Signature

Date

*You must provide evidence of medical insurance issued by Wells Fargo insurance company to get your registration hold released.