United States Citizenship and Immigration Services (USCIS) require all exchange students to maintain sickness/health insurance coverage, as a condition of their J-1 status throughout their stay in the United States.

Failure to complete and submit this Sickness/Health Insurance form along with the student application will result in automatic enrollment in the CCSU Aetna Student Health Insurance Plan, and a charge to your CCSU bill.

Name: ______________________________________________________________
CCSU ID #: ________________________________________________________
Email: _____________________________________________________________

Please read and respond by checking the boxes below:

[ ] Please enroll me in the CCSU Aetna Student Health Insurance Plan and charge the total cost to my CCSU bill. I have read and reviewed the insurance minimums summarized at the Aetna Student Health Insurance Plan web site: www.aetnastudenthealth.com

[ ] I wish to waive the Aetna Student Health Insurance, since I currently have sickness/health insurance coverage (from another source) that is equivalent to the Aetna Student Health Insurance. Attached is a letter from my insurance company on their letter head stating that the policy covers the minimum insurance required by the United States Department of State.

By my signature below, I certify that my health insurance policy will adequately cover me for the duration of my study here at Central Connecticut State University and I acknowledge that it meets the J-1 Visa regulatory requirement.

Student’s Signature: ___________________________ Date: ____________

Please return all completed forms to CIE.

Attention: Erin Beecher,
Center for International Education, HB 123
Central Connecticut State University
1615 Stanley Street.
New Britain, CT 06050
Tel: 860.832.2040 // Fax: 860.832.2047 // Email: ebeecher@ccsu.edu