

## AGREEMENT TO PURCHASE CAL POLY POMONA GROUP HEALTH INSURANCE

This form is a part of the application process and is necessary before your I-20 can be issued.

I understand that as a condition of enrollment as an international student at Cal Poly Pomona I will be required to purchase the annual university group health insurance policy even if I have an alternative insurance policy.

Further, I understand that the pro-rated annual premium will be charged to my University account in my first quarter of attendance at Cal Poly Pomona. The 2010-2011 premium is \$936.00 for students beginning fall quarter, \$702.00 for winter quarter, \$468.00 for spring quarter and \$234.00 for summer quarter.

For more information, please consult the International Center's web page at: <http://www.csupomona.edu/~international/>

_____ Name	_____ Bronco Number
_____ Signature	_____ Date

What quarter are you applying to begin at Cal Poly Pomona? \_\_\_\_\_

Return to:

Office of Admissions  
California State Polytechnic University Pomona  
3801 West Temple Ave  
Pomona, CA 91768