



**AGREEMENT TO PURCHASE CAL POLY POMONA  
GROUP HEALTH INSURANCE**

This form is a part of the application process and is required 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 University medical insurance group 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 annual premium is approximately between \$500 - \$600 for 12 months of coverage. For more information, please consult the International Center's web page at: <http://www.csupomona.edu/~international/>

Name	Date
Signature	Date
Social Security Number	Quarter Applied

Return to:

Office of Admissions and Outreach  
California State Polytechnic University, Pomona  
3801 West Temple Avenue  
Pomona, CA 91768