

(Signature)

The University Corporation San Francisco State

Room ADM 361 1600 Holloway Ave. San Francisco, CA 94132 ucorp.sfsu.edu

(Date)

HEALTHCARE COVERAGE INFORMATION (Required)

As a non-benefited UCorp employee, you are not entitled to employer-sponsored health insurance benefits. However, we are collecting information about our non-benefited employee's current healthcare status relative to the ever-changing environment concerning health benefits.

Are you currently covered for Healthcare benefits under (check all that apply):

Other Employer Name:
Spouse Name:
Parent Name:
Domestic Partner Name:
Other (i.e., SF Hap / Healthy San Francisco)

or
I currently do not have healthcare coverage

(Print Name)