

ENROLLMENT FORM FOR INTERNATIONAL HEALTH INSURANCE Academic Policy Year: 2021-2022

The University at Buffalo is committed to ensuring equal access to information. As part of this commitment, university content must be accessible to everyone, including individuals with physical, sensory, or cognitive impairments, with or without the use of assistive technology. If you encounter an accessibility issue when completing this form, please contact the Student Health Insurance office.

PLEASE SUBMIT TO: ASKSHI@BUFFALO.EDU

PLEASE CHECK STATUS:

<input type="checkbox"/> International Student in USA 1	<input type="checkbox"/> International Scholar in USA 2	<input type="checkbox"/> International Student on Practical Training (must provide copy of EAD card) 3
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_____ DATE OF BIRTH: ____ / ____ / ____
 LAST NAME FIRST NAME MI Mo. Day Year
 _____ TOWN/CITY STATE ZIP CODE
 U.S. MAILING ADDRESS
 (____) _____ U.S. TELEPHONE EMAIL ADDRESS UB DEPT OR PROGRAM HOME COUNTRY VISA TYPE

 UB PERSON NUMBER ○ MALE or ○ FEMALE

Insurance periods cover from the 15th of one month to the 14th of the next month. For example, if you want coverage from Feb. 1 to Mar. 10, you would have to pay for two whole months (enrolling 15th January through 14th March). There are no exceptions without prior approval of the insurance office.

DATES OF COVERAGE : FROM ____ / 15 / ____ TO ____ / 14 / ____
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FULL YEAR	FALL	SPRING AND SUMMER	SUMMER	MONTHLY
8/15/21-8/14/22	8/15/21 - 1/14/22 - \$823.45	1/15/22 - 8/14/22	5/15/22 - 8/14/22	X/15/XX - X/14/XX
	1/15/22- 6/14/22 - \$814.45			
\$1,966.28		\$1,142.83	\$495.07	\$164.69

ALL UB STUDENTS MUST HAVE STUDENT ACCOUNT BILLED FOR THE HEALTH INSURANCE. DEPARTMENTAL INVOICES ARE AVAILABLE WITH PRIOR APPROVAL FROM THE HEALTH INSURANCE OFFICE. SHI OFFICE DOES NOT ACCEPT CASH OR CHECKS. ALL STUDENTS ON F-1 OPT AND J-1 SCHOLARS WILL RECEIVE A PAYMENT TO THE EMAIL ADDRESS PROVIDED.

I wish to enroll in the SUNY International Health Insurance Program for the above period. I understand this includes payment of the insurance premium and a non-refundable administrative fee. I understand that by signing this enrollment form, I decline the option of waiving off of the international insurance plan for the specified period.

_____ TODAY'S DATE: ____ / ____ / ____
 APPLICANT'S SIGNATURE Mo. Day Year

FOR OFFICE USE ONLY:

Payment Reference #: _____ Payment Date: _____ Payment amount \$: _____ Received by: _____
 Effective Date ____/____/____ Expiration Date ____/____/____ Class: ____
 OSA: _____ United: _____ Previously GSEU / RF? YES NO
 Database Update: _____