University at Buffalo
Student Health Insurance
Student Life

DOMESTIC STUDENT HEALTH ENROLLMENT FORM 2022-2023

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: SUNY BROKER - HAYLOR, FREYER & COON: STUDENT@HAYLOR.COM

_____ DATE OF BIRTH: ____/____/____
LAST NAME FIRST NAME MI MONTH DAY YEAR

(_____) _____-_____ _____ _____
U.S. TELEPHONE EMAIL ADDRESS UB PERSON NUMBER

O MALE O FEMALE

LIST DEPENDENT(S) IF APPLICABLE:

	LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER
SPOUSE				M F
CHILD				M F
CHILD				M F
CHILD				M F

SELECT COVERAGE TYPE:

	FULL YEAR 8/1/22- 7/31/23	SPRING SEMESTER 1/1/2023-7/31/23	SUMMER SEMESTER 5/1/2023-7/31/23	OFF-CYCLE LOSS OF PRIVATE COVERAGE
STUDENT ONLY	O $3,011	O $1,748.85	O $758.93	O XX / 01 / XX
STUDENT & SPOUSE	O $6,022	O $3,497.70	O $1,517.86	O XX / 01 / XX
STUDENT & CHILD	O $6,022	O $3,497.70	O $1,517.86	O XX / 01 / XX
STUDENT & CHILDREN (2 OR MORE CHILDREN)	O $9,033	O $5,246.55	O $2,276.79	O XX / 01 / XX
STUDENT & FAMILY	O $11,994	O $6,995.40	O $3,035.72	O XX / 01 / XX

PLEASE COMPLETE AND SIGN THIS FORM.
Designate Payment Method: The premium will be billed and paid through your student account at the University at Buffalo.
Notice to Student (Signature required) I have carefully read the policy plan provisions including all enrollment guidelines and elect to enroll as indicated above. I permit UB to provide UnitedHealthcare Student Resources with enrollment status for purposes of eligibility under this plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage, and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that I am not eligible (see the brochure, pamphlet or Master Policy for eligibility guidelines), the premium will be refunded, but the premium is not refundable for reasons other than eligibility. Policy Requirement for Enrollment; Matriculated with a minimum of 1 credit hour / Non-Matriculated minimum of 6 credit hours
*Enrollment Guidelines: for applications received and accepted after the effective date of the policy period, but before the established deadline fall 9/30/22 or spring 2/24/23, coverage will be effective the first date of that policy period. Applications received after the deadline will not be accepted, unless there is a significant life change that directly affects applicant's insurance coverage. Application to enroll off cycle in the plan must be made within 30 days of loss of other coverage. A letter of creditable coverage from the prior insurance carrier must accompany the application.

_____ DATE: ____/____/____
APPLICANT'S SIGNATURE MONTH DAY YEAR

Student Health Insurance
1 Capen, Box 28 North Campus, Buffalo, NY 14228
716.645-3036
askshi@buffalo.edu
buffalo.edu

Received by: _____ Processed Date: _____