University at Buffalo
Student Health Insurance
Student Life

MEDICAL EVACUATION AND REPATRIATION 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: ASKSHI@BUFFALO.EDU

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

_____ _____ _____ _____
U.S. MAILING ADDRESS TOWN/CITY STATE ZIP CODE

(_____)_____-_____ _____ _____ _____
U.S. TELEPHONE EMAIL ADDRESS HOME COUNTRY VISA TYPE

_____ ○ MALE ○ FEMALE
UB PERSON NUMBER

SELECT COVERAGE PERIOD:

○	**ANNUAL** 8/15/2022- 8/14/2023	**$90.00**
○	**MONTHLY** **XX / 15 / XX – XX / 14/XX**	**$7.50**

***FOR MONTHLY RATE, WRITE DATES OF COVERAGE: _____/ 15 /_____ TO _____/ 14 /_____**

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. THE PRICING LISTED IS EFFECTIVE FOR THE 2022-2023 POLICY YEAR UNTIL AUGUST 14, 2023.

I WISH TO ENROLL IN THE MEDICAL EVACUATION AND REPATRIATION COVERAGE 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 HAVE OPTED OUT OF THE SUNY INTERNATIONAL INSURANCE PLAN FOR THE SPECIFIED PERIOD. IF AT ANY TIME YOUR HEALTH INSURANCE ENDS THAT WAS SUBMITTED ON YOUR WAIVER, YOU ARE RESPONSIBLE TO REACH OUT TO THE UB STUDENT HEALTH INSURANCE OFFICE TO BE COMPLIANT WITH YOUR VISA REQUIREMENTS.

_____ 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

PAYMENT REFERENCE #:_____ PAYMENT AMOUNT:_____ PAYMENT DATE: _____
PROCESSED BY: _____ ASSIST AMERICA: _____ DATABASE UPDATE: _____