

SCHOLAR/OPT

INTERNATIONAL HEALTH INSURANCE ENROLLMENT FORM 2024-2025

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

UB PERSON NUMBER MALE FEMALE

SELECT COVERAGE PERIOD:

<input type="radio"/>	ANNUAL 8/15/2024- 8/14/2025	\$2,532.32
<input type="radio"/>	FALL 8/15/2024- 1/14/2025	\$1,066.67
<input type="radio"/>	SPRING/SUMMER 1/15/2025- 8/14/2025	\$1,478.01
<input type="radio"/>	SPRING 1/15/2025- 6/14/2025	\$1,052.73
<input type="radio"/>	SUMMER 5/15/2025-8/14/2025	\$641.40
<input type="radio"/>	MONTHLY <u>XX / 15 / XX – XX / 14/XX</u>	\$211.03

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

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 2024-2025 POLICY YEAR UNTIL AUGUST 14, 2025.

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.

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

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

OFFICE USE ONLY:		
PAYMENT REFERENCE #:	PAYMENT AMOUNT:	PAYMENT DATE:
PROCESSED BY:	UNITED:	DATABASE UPDATE: