## ENROLLMENT FORM FOR MEDICAL EVACUATION AND REPATRIATION INSURANCE

# Academic Policy Year: 2016-2017

*PLEASE RETURN TO: SUITE 315 STUDENT UNION , SUNY BUFFALO-NORTH CAMPUS, BUFFALO, NY 14260*
*PH: (716) 645-3036 / FAX: (716) 645-3465 / PDF E-MAIL: ASKSMI@BUFFALO.EDU*

***If you have already contracted the SUNY International Health Insurance, *do not* complete this form.***

PLEASE CIRCLE YOUR STATUS:

| | | | | |
|---|---|---|---|---|
| International Student in USA or RA/GA/TA | International Scholar in USA | International Student on Practical Training (must attach practical training Authorization papers) | American Student Studying Abroad - *Traveling to:* | American Faculty Abroad |

_____ _____ ____ DATE OF BIRTH: _____ / _____ / _____
LAST NAME FIRST NAME MI Mo. Day Year

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

( ____ ) _____ - _____ _____ _____ _____ _____
U.S. TELEPHONE EMAIL ADDRESS UB DEPT OR PROGRAM HOME COUNTRY VISA TYPE

___ ___ ___ ___ - ___ ___ ___ ___
UB PERSON NUMBER

O MALE or O FEMALE

CURRENT EDUCATIONAL LEVEL: (CIRCLE ONE) UNDERGRAD GRADUATE PROFESSIONAL FACULTY/STAFF/RESEARCH

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 /_____

*Alternative Coverage Dates: FROM _____ /_____ /_____ TO _____ /_____ /_____*
*(Requires Prior Administrative Approval From SMI Office to Sponsoring Department—not optional to participant.)*

| FULL YEAR | FALL | SPRING AND SUMMER | SUMMER | MONTHLY |
|---|---|---|---|---|
| | 8/15/16 - 1/14/17 | | 5/15/17 - 8/14/17 | |
| 8/15/16-8/14/17 | **OR SPRING** | 1/15/17 - 8/14/17 | **OR 3 MONTHS** | X/15/XX - X/14/XX |
| | 1/15/17 - 6/14/17 | | X/15/XX - X/14/XX | |
| $96.00 | $40.00 | $56.00 | $24.00 | $8.00 |

Please indicate payment (circle one): **STUDENTS MUST HAVE THEIR STUDENT ACCOUNT BILLED.**

| | | |
|---|---|---|
| Cash, Check or Money Order Enclosed **Make check payable to SUNY at Buffalo** | Please Bill My Student Account (double check your person number above) | Please Invoice My Department (prior approval from insurance office required) |

I wish to enroll on the SUNY sponsored medical evacuation and repatriation 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 SUNY sponsored Medical Evacuation and Repatriation coverage for the above specified dates.

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

==========

FOR OFFICE USE ONLY:

Check number: _____ Receipt number: _____ Payment amount: $_____ Received by: _____

Effective Date: _____/_____/_____ Expiration Date: _____/_____/_____ Class: 8

OSA: _____ E-Mailed/Handed MedEvac Card: _____