University at Buffalo –Sub Board One, Inc.
Blue Cross Blue Shield Western New York Insurance Company
Return To: 1 Capen North Campus Buffalo, NY 14260 Fax: 716-645-3948
Scan and email to ASKSMI@BUFFALO.EDU
Student Medical Insurance Office 716-645-3036

Student Name: Last _____ First _____

Date of Birth: ___ ___/ ___ ___/ ___ ___ ___ ___   **Sex: Male ____   Female _____**

ne Number: (   )_____ - _____   **STUDENT ID NUMBER** __ __ __ __ - __ __ __ __

Email address: _____ @BUFFALO.EDU

List Dependents to be insured

	Last Name:	First Name	Date of Birth	Notes:	Gender
Spouse					M F
Child					M F
Child					M F
Child					M F

3. Select Enrollment Plan-*please circle*

Basic Plan	Annual Effective Date Aug. 22, 2018– Aug. 21, 2019 Deadline:	Spring/Summer Effective Date Jan. 22, 2019—Aug. 21, 2019 Deadline:	Summer Effective Date: May 22, 2019—Aug. 21, 2019 Deadline:	Off Cycle Effective Date: ___/22_/___ - Aug. 21, 2019 Deadline: within 30 days
Student	$2,210.00	$1,310.00	$ 590.00	
S & Spouse	$4,420.00	$2,620.00	$1,180.00	
S & Child	$3,907.00	$2,321.00	$1,052.00	
S & Family	$8,846.00	$5,223.00	$2,324.00	

PLEASE COMPLETE AND SIGN THIS FORM.

4. Designate Payment Method: The premium will be added to your Bursar Bill. Students on LOA and Post Doc/Bach are required to pay by check or money order made payable to Sub Board One, Inc.

5. 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 Blue Cross Blue Shield WNY 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**.**

*Enrollment Guidelines: for applications received and accepted after the effective date of the policy period, but before the established deadline, 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 late 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.
Policy Requirement for Enrollment; Matriculated with a minimum of 1 credit hour / Non-Matriculated minimum of 6 credit hours

Signature:_____**Date**:_____

| Staff Use: Enrolled ⬜ | Staff Use: S/A Billed ⬜ | Staff Use: payment ⬜ Receipt # | Staff Use: P/I _____ |