

# ENROLLMENT FORM FOR MEDICAL EVACUATION AND REPATRIATION INSURANCE

Academic Policy Year: 2012-2013

SEMESTER (circle one): FALL SPRING SUMMER

PLEASE RETURN TO: SUITE 223 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
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LAST NAME FIRST NAME MI DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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

☐ MALE or ☐ FEMALE

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

Insurance periods cover from the 15<sup>th</sup> of one month to the 14<sup>th</sup> 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 15<sup>th</sup> January through 14<sup>th</sup> 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
	8/15/12 - 1/14/13		5/15/13 - 8/14/13	
8/15/12-8/14/13	OR SPRING	1/15/13 - 8/14/13	OR 3 MONTHS	X/15/XX - X/14/XX
	1/15/13 - 6/14/13		X/15/XX - X/14/XX	
\$87.60	\$36.50	\$51.10	\$21.90	\$7.30

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

Cash, Check or Money Order Enclosed <b>Make check payable to SUNY at Buffalo</b>	Please Bill My Student Account (double check your person number above)	Please Invoice My Department (prior approval from insurance office required)
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I wish to enroll on the SUNY sponsored Medex 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 MEDEX Card: \_\_\_\_\_