## ENROLLMENT FORM FOR MEDICAL EVACUATION AND REPATRIATION INSURANCE

Academic Policy Year: 2017-2018

PLEASE RETURN TO: SMI OFFICE 1 CAPEN
PH: (716) 645-3036 / PDF E-MAIL: ASKSMI @BUFFALO.EDU

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

PLEASE CIRCLE YOUR S	TATUS:	<u> </u>				
INTERNATIONAL SCHOLAR		FACUL	FACULTY/STAFF TRAVELLING ABROAD TO:			
			[	DATE OF BIRTH: _	Mo. Day Year	
LAST NAME		FIRST NAME	MI		Mo. Day Year	
U.S. MAIL	LING ADDRESS		TOWN/CITY	SI	TATE ZIP CODE	
() U.S. TELEPHONE	EMAIL ADDRESS	UB DEPT O	R PROGRAM	HOME COUNT	TRY VISA TYPE	
UB PERSON NUMBER				0	MALE or OFEMALE	
CURRENT EDUCATIONAL LE	EVEL: (CIRCLE ONE) UN	IDERGRAD GRADUATI	PROFESSI	ONAL FACUL	_TY/STAFF/RESEARCH	
0, you would have to pay for the insurance office.	r two whole months (enroll	ling 15 <sup>th</sup> January through	14 <sup>th</sup> March). The	ere are no excep	tions without prior approva	
	DATES OF COVERAG	<b>GE</b> : FROM/ 15	/ TO	/ 14 /		
Alternativ (Require:	ve Coverage Dates: FRC	OM//	' то	/_	_/ participant.)	
(Requires	ve Coverage Dates: FRC es Prior Administrative Approv	OM// val From SMI Office to Spon	TO soring Departmen	t—not optional to p	participant.)	
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(Requires	ve Coverage Dates: FRC s Prior Administrative Approv  FALL 8/15/17 - 1/14/18 OR SPRING	OM// val From SMI Office to Spon	TO soring Department SUN 5/15/18 OR 3 N	IMER - 8/14/18 IONTHS	participant.)	
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FULL YEAR  8/15/17-8/14/18  \$83.04  Please indicate payment (c	FALL 8/15/17 - 1/14/18 OR SPRING 1/15/18 - 6/14/18 \$34.60  circle one): STUDENTS	SPRING AND SUMMER  1/15/18 - 8/14/18  \$48.44  S MUST HAVE THE		/	MONTHLY  X/15/XX - X/14/XX  \$6.92	
FULL YEAR  8/15/17-8/14/18  \$83.04	FALL 8/15/17 - 1/14/18 OR SPRING 1/15/18 - 6/14/18 \$34.60  circle one): STUDENTS	OM// val From SMI Office to Sport  SPRING AND SUMMER  1/15/18 - 8/14/18  \$48.44	SUN 5/15/18 OR 3 N X/15/XX \$2	/	MONTHLY  X/15/XX - X/14/XX  \$6.92	
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