Blue Cross Blue Shield Western New York Insurance Company Return To: Suite 315 Student Union North Campus Buffalo, NY 14260 or FAX 716-645-3465 Claims Administrator

receipt#

Staff Use: P/I

University at Buffalo- Student and Dependent Insurance Plan 2016/2017 Student Health Insurance Enrollment Form

Staff Use: payment \square

Staff Use: Enrolled

Staff Use: S/A Billed

		lent information. Incomple Blue Shield 1-800-888-0757 or SM						
Student Nam	e:							
	e: Last Name	Firs	First Name		MI			
Student ID #	::			B HUB PERM NTERED AS D	ANENT ADDRESS WA EFAULT	ILL BE	<u>5</u>	
Email addres	S:	@BUFFALO.EI	D U					
			C		I- □ □1-			
Phone Numb	. ,	te of Birth://	Sex	:	le Female			
2. Select En	rollment Plan				1			
Form ID: BC/BS	٨	C.	D.		Cert. Creditable Coverage			
BC/BS	A. Annual Effective Date:	Spring/Summer Effective Date:	Summer Effe	ctive Date:	Off Cycle Effective Date:			
Basic Plan	Aug. 22, 2016 - Aug. 21, 2017 Deadline: 10/12/2016	Jan. 22, 2017 - Aug. 21, 2017 Deadline: 3/20/2017	May 22, 2017- Aug. 21, 2017 Deadline: 6/22/2017		// - Aug. 21, 2017 Deadline: w/in 30 days			
S= Student	□ BB - \$1,953.00	□BB - \$1,156.00	□ BB - \$ 5°		□ BB - \$			
S & Spouse	□ BB - \$3,905.00	□ BB - \$2,311.00		□ BB - \$1,036.00		□ BB - \$		
S & Child	□ BB - \$3,451.00	□ BB - \$2,046.00	□ BB -\$ 92		□ BB - \$			
			□ BB - \$2,0		Office Use Only		.,	
S & FAMILY		□ BB - \$4,612.00 at coverage is ONLY available if to					<u>y</u>	
	Last Name:	First Name	Date of Birth	Notes:			nder	
Spouse	Luot Humo.	i not itamo	Dute of Birth	Notes.		M	F	
Child						М	F	
Child						М	F	
Child						М	F	
I	OMPLETE AND SIGN THIS FO	ORM. APPLICATIONS WITH M	ISSING INFORMAT	TION WILL	NOT BE PROCESS	SED.		
4. Designate	e Payment Method: The premiu	m will be added to your Bursar Bi					ired to	
1 0 0	k or money order made payable t Student (Signature required)	to Sub Board One, Inc.						
I have caref	ully read the policy plan provision	ons including all enrollment guidel						
		Iment status for purposes of elig I am aware that if I provide false i						
	* *	at if it is later determined that I am	, ,	•	0 1			
		refunded, but the premium is n	ot refundable for re	asons other	than eligibility.			
	ident's responsibility for timely it Guidelines: For applications	renewal payments. received and accepted after the	effective date of the	policy perio	d. but before the o	estab ^l	lished	
deadline, co	overage will be effective the firs	st date of that policy period. App	lications received a	fter the dead	lline will not be ac	cepte	ed,	
		t directly affects applicant's insuverage. A letter of creditable cov						
application	•	verage. A letter of creditable cov	CLAZE HUIH THE PEIO	i mourance	Carrier must accor	บบสถ	iy ine	
Signaturo			Data:					
oignature			Date.					