ENROLLMENT FORM FOR <u>MEDICAL EVACUATION AND REPATRIATION</u> INSURANCE

Academic Policy Year: 2015-2016

SEMESTER (circle one):   FALL   SPRING   SUMMER

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
	8/15/15 - 1/14/16		5/15/16 - 8/14/16	
8/15/15-8/14/16	**OR SPRING**	1/15/16 - 8/14/16	**OR 3 MONTHS**	X/15/XX - X/14/XX
	1/15/16 - 6/14/16		X/15/XX - X/14/XX	
$94.15	$39.25	$54.95	$23.55	$7.85

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

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FOR OFFICE USE ONLY:

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

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

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