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Last name

First name

University ID#

- I am:**
- An Undergraduate student
 - A Graduate student without an assistantship
 - Other

The coverage I would like to enroll in is:

- Student only coverage
- Student + 1 child
- Student + 2 or more children
- Student + Spouse/Domestic Partner
- Student + Spouse/Domestic Partner + 1 child
- Student + Spouse/Domestic Partner + 2 or more children

Cost Per term:

- \$646.00
- \$1479.00
- \$1879.00
- \$1909.00
- \$2742.00
- \$3142.00

Today I am enrolling and paying for:

- Fall Term Winter Term Spring/Summer Term Summer Term only **OR** Full year

- Optional Catastrophic coverage for 1 year (only avail. Fall Term) \$421.00 (student only)

Please automatically bill my student account for the following term(s)

(I agree to pay the charge by the 3rd Friday of the term):

- Winter Term
- Spring/Summer Term

Family members I would like to cover on my health insurance plan:

Last name, First name	Gender	Relationship	Date of Birth

By signing below, I certify that I have read, understand and agree to the Conditions of Enrollment on the back of this form.

Signature

Date

Office Use Only

Date Received/Initials	Plan Code	Term Code	T-Num / Check #	Entered in SYASHIP/Initials

BILLING: I understand that I must pay the premium cost for the insurance plan I select on this enrollment form. The payment deadline is the end of the third week of the term. I must make my payment directly at the Student Health Insurance Office or at the Cashier's Office in the Kerr Administration Building.

PAYMENT DEADLINE: It is my responsibility to pay the premium amount for any term I enroll in on or before the final date of open enrollment for that term.

RELEASE OF INFORMATION: I hereby authorize OSU's Student Health Services to release demographic information, financial billing information, and/or any information acquired in the course of my examination or treatment, as needed for the purpose of insurance enrollment, and/or claims processing. I understand that mental health services and HIV testing will require a separate authorization form. I understand this information may be routed through e-mail, postal mail, phone, or fax. I may modify or revoke this authorization in writing at any time by sending a written statement to Student Health Insurance Office, 110 Plageman Bldg. Corvallis, OR 97330.

RE-ENROLLMENT: I understand that if I am enrolling for only one term of coverage at this time, I must fill out a new enrollment form and return it to the insurance office with my premium payment in order to renew my insurance for any subsequent terms.

OSU Student Health Insurance
110 Plageman Bldg
Corvallis, OR 97331
Phone: 541-737-7568
Fax: 541-737-7914

CANCELING INSURANCE: It is my responsibility to inform the OSU Student Health Insurance Office in writing before the open enrollment deadline if I wish to cancel my health insurance purchase after I have

submitted my health insurance enrollment form. Refunds will be made to me via a credit to my student account.

PREMIUM REFUND POLICY: I agree that if I withdraw from the University within the first 21 days from the start of the term, I may request a refund of premium in writing and no coverage will apply for any claims incurred during that time period. Refunds will be made via a credit to my student account

If I withdraw from OSU after the first 21 days from the start of the term, the current terms premium will not be eligible for reimbursement. This refund provision also applies when a student pays for an entire year of coverage, and then withdraws from OSU during the first 21 days from the start of any subsequent term.

Insured students entering the armed forces of any country will not be covered under the plan as of the date of such entry. Those students withdrawing from school to enter military service will be entitled to a prorated refund of premium upon request.

COVERAGE BEGINS: Coverage for students new to the plan begins on the date the application is date-stamped in the OSU Insurance Liaison Office, 110 Student Health Services, Plageman Building, but not before the beginning date of open enrollment for any coverage period. Students who are continuously insured have retroactive coverage if they submit their applications by the closing date of the open enrollment period.

CONTACT INFORMATION: I understand OSU Student Health Insurance uses the email and mailing addresses I keep on file at the Registrar's office. It is my responsibility to update my addresses should they change.

Checks or money orders may be made payable to:

Oregon State University

You may mail your form and payment to:

OSU Student Health Insurance
110 Plageman Bldg.
Corvallis, OR 97331 USA