



Insurance Student Health Services
 Oregon State University, 110 Plageman Building, Corvallis, OR 97331-8567
 Tel 541-737-7600 Fax 541-737-7914 | osustudent.insurance@oregonstate.edu
 http://studenthealth.oregonstate.edu/

**OSU DOMESTIC STUDENT
 INSURANCE PLAN FOR 2011-12
 ACADEMIC YEAR**

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Last Name

First Name

University ID #

- I am: An Undergraduate student registered for 6 credits on campus
 A Graduate student registered for 3 credits on campus (without an assistantship)
 Other

Date of Birth: _____

Address: _____

Phone: _____

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:

- \$ 807.00
- \$1850.00
- \$2351.00
- \$2388.00
- \$3431.00
- \$3932.00

The insurance charge will be added to my Student Account and I agree to pay by the third Friday of the term.

I am enrolling for and paying by: Check Cash Credit/Debit card

Fall Term Winter Term Spring/Summer Term Summer Term only

Optional Catastrophic coverage for 1 year (available in addition to Domestic plan - only Fall Term) \$615.00 (student only)

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

Winter Term Spring/Summer Term Annual (only available for purchase fall term) \$2,421.00

ADDING DEPENDENTS

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

Last name, First name	Gender	Relationship	Date of Birth
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Last name, First name	Gender	Relationship	Date of Birth
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Last name, First name	Gender	Relationship	Date of Birth
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Last name, First name	Gender	Relationship	Date of Birth
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OREGON STATE UNIVERSITY
Conditions of Enrollment

ENROLLMENT: I understand that I must be registered for the adequate number of credits on campus to be eligible to enroll in the OSU insurance plan. I understand the premium will be billed to my OSU student account when I complete the enrollment form. I understand that I must pay the premium cost for the insurance plan I select on this enrollment form by the Friday of the third week of that term. I must make my payment directly to the Student Health Insurance Office or to the Cashier's Office in the Kerr Administration Building. I must pick up my ID card at the insurance office once I have paid in full. I may only enroll for the current term.

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

As a domestic student, I understand that the SHS Insurance office will remove the insurance charge if not paid in full, have not registered for the adequate amount of credits on campus or have withdrawn from the university by the deadline.

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 medical information regarding mental health services and/or 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 97331.

RE-ENROLLMENT: I understand that I can enroll for only one term of coverage at a time. In order to renew my insurance for any subsequent terms, I can check the box on the reverse side for the terms I want or I must fill out a new enrollment form and return it to the insurance office with my premium payment during the open enrollment period.

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 31 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 31 days from the start of the term, the current term's premium will not be eligible for reimbursement.

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: Domestic students have retroactive coverage to the first day of the term 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. For information at OSU, call 541-737-7600 or OSUstudent.insurance@oregonstate.edu and at Aetna, call (800) 683-7299 or aetnastudenthealth.com

Credit/debit cards, checks and cash payments may be made in Room 110. Checks or money orders may be made payable to: Oregon State University.

You may mail or fax your form and payment to: OSU Student Health Insurance, 110 Plageman Bldg., Corvallis, OR 97331 USA, Fax 541-737-7914

By signing this form, I confirm that I have read, understand and agree to the OSU Conditions of Enrollment.

Signature

Date

Office Use Only

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