



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 INTERNATIONAL STUDENT INSURANCE PLAN FOR 2011-12 ACADEMIC YEAR

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Last Name

First Name

University ID #

- I am:
- An Undergraduate student
  - Graduate student without an assistantship
  - A Graduate student with a FTE of .2 or above
  - An INTO student

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**The Insurance charge will be charged to my Student Account and I agree to pay by the third Friday of the term.**

The coverage I would like to enroll in is:

Cost Per term:

- |   |         |
|---|---------|
| <input type="checkbox"/> Student only coverage                                  | \$ 339  |
| <input type="checkbox"/> Student + 1 child                                      | \$ 743  |
| <input type="checkbox"/> Student + 2 or more children                           | \$ 941  |
| <input type="checkbox"/> Student + Spouse/Domestic Partner                      | \$ 953  |
| <input type="checkbox"/> Student + Spouse/Domestic Partner + 1 child            | \$ 1357 |
| <input type="checkbox"/> Student + Spouse/Domestic Partner + 2 or more children | \$ 1556 |

I would like to enroll for the following term(s):

- Fall Term    Winter Term    Spring/Summer Term    Summer Term only

I am paying by:

- Check    Cash    Credit/Debit Card

**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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**Please turn over to read the Conditions of Enrollment and sign the enrollment form.**

# OREGON STATE UNIVERSITY

## Conditions of Enrollment

**ENROLLMENT:** I understand that the insurance premium will be automatically charged to my OSU student account for Fall, Winter and Spring terms if I am registered as an OSU International student with a minimum of one credit. **DEPENDENTS:** I understand that I may add dependents to this form during Open Enrollment .

**BILLING AND PAYMENT DEADLINE:** I understand the insurance premium will be billed to my OSU student account. 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. I must make my payment directly to the Student Health Insurance Office or to the Cashier's Office in the Kerr Administration Building. I understand that I will not be enrolled in the insurance plan until I have paid in full. I understand that a "Hold" will be placed on my student account if not paid by the deadline and will remain until full payment is received.

**COVERAGE BEGINS:** International students have retroactive coverage to the beginning date of Open Enrollment once I have paid in full, according to the Oregon State University requirements.

**WAIVE OPTION:** I understand that I may submit a waiver with the required documents if I have my own insurance during Open Enrollment . If approved, the insurance charge will be removed from my student account. Waivers will not be accepted past 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 OSU Student Health Insurance Office, 110 Plageman Building, Corvallis, OR 97331-8567 USA.

**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. This refund provision also applies when a student pays for an entire year of coverage, and then withdraws from OSU during the first 31 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.

**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](mailto:OSUstudent.insurance@oregonstate.edu) and at Aetna, call (800) 683-7299 or [aetnastudenthealth.com](http://aetnastudenthealth.com).

*Checks, cash or visa payments may be made in Room 110  
and checks made payable to: Oregon State University*

*You may mail your form and payment to:  
OSU Student Health Insurance  
110 Plageman Building, Corvallis, OR 97331-8567 USA*

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Office Use Only				
Date Received/Initials	Plan Code	Term Code	T-Num / Check #	Entered in SYSHIP/Initials