

**INSURANCE PLAN 2024-25**  
**Dependent Enrollment for INTO**  
**OSU & International Students**

Student Last Name      First Name

University Student ID

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

Address \_\_\_\_\_

- An International Student
- An INTO OSU AE/PW Student
- An International Graduate Student without an Assistantship

**There is a premium charge for each dependent added to the plan in addition to the student premium.**

Dependent Coverage	Cost per Dependent
<input type="checkbox"/> Spouse/Domestic Partner	\$ 1104.00
<input type="checkbox"/> One child	\$ 1104.00
<input type="checkbox"/> Children	\$ 1104.00 per child capped at 3

**Coverage Dates: Fall 9/11/24 - 12/20/24 Winter 12/21/24 - 3/19/25 Spring 3/20/25 - 9/10/25**

**Premium rates are valid from 9/11/24 through 9/10/25.**

**I am enrolling my dependent(s) for the following term:**

- Fall Term     Winter Term     Spring Term

**I would like my student account automatically billed during open enrollment for the following term(s)**

- Fall Term     Winter Term     Spring Term

**ADDING DEPENDENTS**

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

Last name, First name	Gender	Relationship	Date of Birth
Last name, First name	Gender	Relationship	Date of Birth
Last name, First name	Gender	Relationship	Date of Birth

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

**OREGON STATE UNIVERSITY**  
**Conditions of Enrollment**

**ENROLLMENT for International students:** I understand that the insurance premium will be **automatically charged** to my OSU student account 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. *OSU requires all non-resident international students and their dependents (living in the U.S.) be covered by health insurance. The health insurance must meet, state and OSU requirements.* **You must re-enroll your dependents every term. The premium rates listed are valid from 9/11/24 to 9/10/25.**

**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 Cashier's Office in the Kerr Administration Building (they accept check and cash payments only, no credit cards) or online at [mybill.oregonstate.edu](http://mybill.oregonstate.edu). For more information regarding paying for the health insurance please access the OSU Cashiers website at [fa.oregonstate.edu/business-affairs/studentbilling](http://fa.oregonstate.edu/business-affairs/studentbilling)

**COVERAGE BEGINS:** according to the published dates listed at <http://studenthealth.oregonstate.edu/insurance> under the insurance tab. **INTERNATIONAL STUDENT WAIVER OPTION:** I understand that I may submit a waiver with the required documents if I have my own insurance during Open Enrollment. (See waiver requirements for details). If approved, the insurance charge will be removed from my student account. **Waivers will not be accepted after the deadline.**

**CANCELING INSURANCE** If I want to cancel my health insurance purchase it is my responsibility to contact the OSU Student Health Insurance office before the Open Enrollment deadline. Refunds will be made to me via a credit to my student account.

**PREMIUM REFUND POLICY:** After 31 days from the effective date of the plan, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. No premium will be refunded if you have been seen at Student Health at OSU or have seen an outside medical provider for services.

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) or at PacificSource (855) 274-9814 or at [pacificsource.com/osu](http://pacificsource.com/osu)

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**Signature**

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**Date**