

Summer Session 2019 Enrollment: Graduate Fellows

Name (Last, First)			OSU ID number
Street Address			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip code	Date of Birth / /
Email Address	Phone number		Department
Citizenship <input type="checkbox"/> International Student – I attend OSU on a student visa <input type="checkbox"/> Domestic Student – I am a U.S. citizen or legal resident of the United States (including green cards)			

Triple May Premium

The summer session includes coverage for July, August and September. To be eligible for summer coverage, a Graduate Fellow must be returning as a student enrolled in the Graduate School the following summer or fall term. Your summer session plan level will match your plan level at the time of enrollment. Plan level changes can only be made during fall term open enrollment, or when a qualifying life event occurs (marriage, birth, adoption, loss of other group coverage, permanent move to U.S., etc).

Select your plan level:

- Fellow Only \$152.73
- Fellow & Spouse/Partner \$299.31
- Fellow & Child(ren) \$255.33
- Fellow & Family \$401.88
- Dental Only Coverage \$149.52

*By signing below, I agree that my participation in the summer session health insurance program is voluntary. I confirm that I have reviewed the terms and conditions on the back of this form. **To participate in the summer session coverage, I must submit this form to OSU Student Health Services no later than Wednesday May 1, 2019 by 5:00 pm.** I understand that the University will triple charge my account in the month of May for my 11% portion of the summer coverage premiums and half of the administrative fees to cover me for the months of July, August and September 2019. I understand that I am fully responsible for paying the charges on my OSU student account and that failure to do so will result in finance charges being charged to my account.*

Signature

Date

SUMMER SESSION COVERAGE TERMS AND CONDITIONS: GRADUATE FELLOWS

ELIGIBILITY REQUIREMENT: Any Graduate Fellow with a fall, winter or spring term fellowship who is enrolled as a graduate student at Oregon State University the following summer or fall term. If you are currently waived out of PacificSource, you will need a qualifying event, such as loss of other coverage, to enroll for the summer insurance.

Dependent Eligibility: dependents are **only** eligible if they are already showing active on your current plan. To add dependents outside of fall term open enrollment you must have a qualifying event such as marriage, birth, loss of other group coverage, etc.

NOTE: If you are graduating prior to summer term, and/or are not attending the following summer or fall term, then you are NOT eligible for summer session coverage.

ENROLLMENT DEADLINE: The deadline to submit this form is **Wednesday, May 1st by 5:00 p.m.**

PAYMENT PROCEDURE: The University will triple charge the OSU student account in the month of May for the cost of the Summer Health Insurance premiums and administrative fees for the months of July, August and September. This charge will occur at the end of the month of May. The costs based on plan type are detailed on the first page of this form.

Questions? Contact: **Audrey Roberson - Graduate Insurance Coordinator**
Email: audrey.roberson@oregonstate.edu
OSU Student Health Services, Plageman Bldg. Rm 117
108 SW Memorial Pl, Corvallis, OR 97331
Phone: 541-737-7568, Fax: 541-737-7914