

**ROCHESTER INSTITUTE OF TECHNOLOGY
INTERNATIONAL STUDENT ACCIDENT AND SICKNESS PLAN APPLICATION FORM**

2009-10

All matriculated, RIT international students on A, B, E, F, G, I, J, K, O, Q, R or V visas are automatically enrolled in RIT's Accident & Sickness Plan and billed a semi-annual premium on their student account based on active registration status. All other international students must apply for the insurance on a voluntary basis by completing this form and submitting the appropriate premium payment. This form may also be used by international students to add dependent coverage and/or the enhanced supplemental benefit under this same RIT medical plan.

Please note:

- **Eligibility for spouse/dependent coverage is contingent on the international student's participation in the RIT medical plan.**
- **The student may need to re-enroll to extend spouse/dependent coverage through the second semi-annual period.**
- **Voluntary enrollment for spouse/dependent coverage ends 30 days after the beginning of the quarter in which the international student starts his/her insurance coverage.**
- **Insurance coverage for spouse/dependents will begin on the first date of the quarter in which they are enrolled or the date insurance premium is received by University Health Plans, whichever is later.**

Process for applying for Coverage:

1. Complete enrollment form information below. Check the box with the desired coverage(s) and extend the cost to the column at right.
2. Make check out for the amount due made payable to *University Health Plans*.
3. Mail enrollment form and check to: *University Health Plans, One Batterymarch Park, Quincy, MA 02169*

INTERNATIONAL STUDENT'S NAME: _____ **DOB** _____ **Univ ID #** _____ **Gender:** M / F
LOCAL ADDRESS _____ **City:** _____ **State:** _____ **Zip:** _____
NAME OF SPOUSE: _____ **Date of Birth (DOB)** _____ **Gender:** M / F
NAME(S) OF DEPENDENT CHILDREN _____ **Date of Birth (DOB)** _____ **Gender:** M / F

PAYMENT OPTIONS

Fall/Winter Coverage 8/15/09 – 3/08/10

(Due at time of enrollment - deadline is 9/30/09)		PREMIUM
Student	\$390	_____
Spouse (Additional)	\$770	_____
Child (ren) (Additional)	\$580	_____
PREMIUM TOTAL:		_____

Winter Coverage 11/30/09 – 3/08/10

(Due at time of enrollment - deadline is 12/30/09)		PREMIUM
Student	\$195	_____
Spouse (Additional)	\$385	_____
Child (ren) (Additional)	\$290	_____
PREMIUM TOTAL:		_____

Spring/Summer Coverage 3/08/10 – 8/15/10

(Due at time of enrollment – enrollment deadline for new applicants is 4/08/10 If continuing coverage from Fall/Winter, the deadline is 3/08/10)		PREMIUM
Student	\$390	_____
Spouse (Additional)	\$770	_____
Child (ren) (Additional)	\$580	_____
PREMIUM TOTAL:		_____

Summer Coverage 6/07/10 – 8/15/10

(Due at time of enrollment - deadline is 7/07/10)		PREMIUM
Student	\$195	_____
Spouse (Additional)	\$385	_____
Child (ren) (Additional)	\$290	_____
PREMIUM TOTAL:		_____

Optional Coverage

One-Time Cost covers entire coverage period		PREMIUM
Enhanced Supplemental Benefit:	\$448 per person x _____	_____
TOTAL PREMIUM FOR OPTIONAL COVERAGES:		_____

PLEASE NOTE THAT IT IS THE STUDENT'S RESPONSIBILITY TO ENROLL FOR THE SPRING/SUMMER PLAN PRIOR TO THE END OF THE FALL/WINTER PLAN TO ENSURE CONTINUOUS COVERAGE