

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

**2008-09**

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 8/15/08 – 3/09/09***

<b>(Due at time of enrollment - deadline is 9/30/08)</b>	<b>PREMIUM</b>
Student \$360	_____
Spouse (Additional) \$712	_____
Child (ren) (Additional) \$536	_____
<b>PREMIUM TOTAL:</b>	<b>_____</b>

***Winter Coverage 12/01/08 – 3/09/09***

<b>(Due at time of enrollment - deadline is 1/01/09)</b>	<b>PREMIUM</b>
Student \$180	_____
Spouse (Additional) \$356	_____
Child (ren) (Additional) \$268	_____
<b>PREMIUM TOTAL:</b>	<b>_____</b>

***Spring/Summer Coverage 3/09/09 – 8/15/09***

<b>(Due at time of enrollment – enrollment deadline for new applicants is 4/09/09 If continuing coverage from Fall/Winter, the deadline is 3/09/09)</b>	<b>PREMIUM</b>
Student \$360	_____
Spouse (Additional) \$712	_____
Child (ren) (Additional) \$536	_____
<b>PREMIUM TOTAL:</b>	<b>_____</b>

***Summer Coverage 6/01/09 – 8/15/09***

<b>(Due at time of enrollment - deadline is 7/01/09)</b>	<b>PREMIUM</b>
Student \$180	_____
Spouse (Additional) \$356	_____
Child (ren) (Additional) \$268	_____
<b>PREMIUM TOTAL:</b>	<b>_____</b>

***Optional Coverage***

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

**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**