

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

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 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.
- Continuing students will 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 semester in which the international student starts his/her insurance coverage.
- Insurance coverage for spouse/dependents will begin on the first date of the semester 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 *Aetna Student Health*. Partial payments will not be accepted. Credit card payments are not available.
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	
_____	Date of Birth (DOB) _____	Gender: M / F	
_____	Date of Birth (DOB) _____	Gender: M / F	
_____	Date of Birth (DOB) _____	Gender: M / F	

PAYMENT OPTIONS

Fall Semester Coverage 8/15/14– 1/14/15

(Due at time of enrollment - deadline is 9/30/14)	PREMIUM
Student <input type="checkbox"/> \$618	_____
Spouse (Additional) <input type="checkbox"/> \$1,311	_____
Child (ren) (Additional) <input type="checkbox"/> \$1,063	_____
PREMIUM TOTAL:	_____

Spring Semester Coverage 1/15/15 – 8/14/15

(Due at time of enrollment - deadline is 2/15/15)	PREMIUM
Student <input type="checkbox"/> \$857	_____
Spouse (Additional) <input type="checkbox"/> \$1,816	_____
Child (ren) (Additional) <input type="checkbox"/> \$1,472	_____
PREMIUM TOTAL:	_____

PLEASE NOTE THAT IT IS THE STUDENT'S RESPONSIBILITY TO RE-ENROLL DEPENDENTS FOR THE SPRING SEMESTER PLAN PRIOR TO THE END OF THE FALL SEMESTER PLAN TO ENSURE CONTINUOUS COVERAGE.