

**STEVENS INSTITUTE OF TECHNOLOGY
STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN
OPTIONAL SUPPLEMENTAL MAJOR MEDICAL COVERAGE
ENROLLMENT FORM
2010-2011**

(PLEASE PRINT)

Student Name _____
Last First MI

Mailing Address _____
Street or PO Box City State Zip

Student ID #: _____ Date of Birth _____ Phone# _____ Gender: _____

**Please list Dependents to be insured below.
Dependent coverage is available ONLY if the student is also insured under the Plan.**

Last Name	First Name	MI	Date of Birth	SS#	Gender
Spouse: _____	_____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____	_____

PREMIUM RATES

Optional Supplemental Major Medical Coverage	Annual 8/18/10 - 8/18/11	Spring 1/8/11 - 8/18/11	First Summer 5/15/11 - 8/18/11	Second Summer 7/14/11-8/18/11
Student:	<input type="checkbox"/> \$375	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 375
Spouse:	<input type="checkbox"/> \$375	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 375
Per Child:	<input type="checkbox"/> \$375	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 375
<i>- The rate is Per Insured Person, and cannot be pro-rated.</i>		<i>- Spring, First Summer, and Second Summer Enrollment is only open to newly enrolled students at Stevens Institute of Technology (and their eligible dependents).</i>		

NOTE: Student and Dependents can only purchase the Optional Catastrophic Supplemental at the time of the initial enrollment into the student health insurance plan.

Enrollment Deadlines:

Annual Term Enrollment:	September 21, 2010
Spring Term Enrollment:	February 10, 2011
First Summer Enrollment:	May 31, 2011
Second Summer Enrollment:	July 14, 2011

Payment Instructions: Please mail completed form and premium to: University Health Plans, One Batterymarch Park, Quincy, MA 02169. Coverage will become effective on August 18, 2010(Fall), January 8, 2011(Spring), May 15, 2011(First Summer), July 14, 2011(Second Summer) or the date, if later, the completed application and premium are received at University Health Plans. **Please note Credit Card payments are not accepted. Payment should be made in the form of a Personal Check, US Bank Check or US Money Order payable to Nationwide Life Insurance Company.**

Please contact University Health Plans at info@univhealthplans.com or (800) 437-6448 if you have any questions about enrolling yourself or dependents in the plan.

PLEASE READ THE FOLLOWING INFORMATION, AND SIGN THIS FORM. WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION

Enrollment Guidelines: To enroll, complete the enrollment form and remit the appropriate premium prior to the stated deadline date. Application and premium received after the deadline date will not be accepted and premium will be returned. Premiums are not pro-rated. There is no renewable option and no refunds are available. **Please Note:** You must purchase the Basic Student Health Insurance Plan in order to be eligible to purchase the Optional Supplemental Major Medical Insurance Plan. Enrollment in the Optional Supplemental Major Medical Plan must take place the same time as enrollment under the Basic Student Health Insurance Plan. The effective date of coverage under the Supplemental Major Medical Plan will coincide with your Basic Student Health Insurance Plan.

Description of Benefits

Insured Students are eligible to purchase the Optional Supplemental Major Medical Plan to increase the maximum benefit per Accident or Sickness to \$200,000 for domestic, international, and voluntary students. The Supplemental Plan will not provide coverage for any conditions excluded under the Basic Student Health Insurance Plan, and does not cover any Pre-Existing Conditions. I have carefully read the on-line brochure and elect to enroll as indicated. I permit Stevens Institute of Technology to provide University Health Plans with my enrollment status for purposes of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that the student is not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

Student's Signature: _____ Date: _____