

**Suffolk University  
International Students Early Arrival  
Student Accident and Sickness Insurance Plan  
Summer 2008 Enrollment Form**

**(PLEASE PRINT)**

Name \_\_\_\_\_  
Last First MI

U.S. Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Category	Premium	Period of Coverage
International Student (Undergrad or Graduate):	<input type="checkbox"/> \$122	7/21/08 – 8/21/08
International Law Student:	<input type="checkbox"/> \$122	7/10/08 – 8/10/08

**Deadline to Enroll: 7/24/08 for Undergrad or Graduate, and 7/13/08 for Law Students.**

**PAYMENT INSTRUCTIONS:**

Please mail completed form and premium to: University Health Plans, One Batterymarch Park, Quincy, MA 02169. Coverage will become effective when you arrive in the United States as long it is on or after 3 days of 7/21/08 (Undergrad or Graduates), and as long it is on or after 3 days of 7/10/08 for Law students. ***Please note Credit Card payments are not accepted. Payment should be made in form of a Personal Check, US Bank Check or US Money Order payable to University Health Plans.***

**DECLARATION OF INTERNATIONAL STUDENTS EARLY ARRIVAL:**

I have carefully read the brochure at [www.universityhealthplans.com/brochures\\_pdf/Suffolk0708.pdf](http://www.universityhealthplans.com/brochures_pdf/Suffolk0708.pdf) and elect to enroll as indicated. Rates are not pro-rated other than as listed. I permit the University 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 can be made void. I understand that if it is later determined that I'm not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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