

**2013-2014 SARAH LAWRENCE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN
 OPTIONAL HOME COUNTRY COVERAGE ENROLLMENT FORM
 (AVAILABLE TO INSURED INTERNATIONAL STUDENTS AND DEPENDENTS ONLY)**

(PLEASE PRINT)

Student Name _____
 Last *First* *MI*

Mailing Address _____
 Street or PO Box *City* *State* *Zip*

Student ID # _____ Date of Birth _____ Gender _____

Email _____ Phone# _____

**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	Gender
Spouse:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____

PREMIUM RATES FOR HOME COUNTRY COVERAGE

90 Day Optional Home Country Coverage Benefit	
Student Only	<input type="checkbox"/> \$137
Spouse or Domestic Partner:	<input type="checkbox"/> \$348
Child(ren):	<input type="checkbox"/> \$166

NOTE: Enrollment for Optional Home Country Coverage Benefit must take place at the same time as enrollment under Sarah Lawrence College Student Health Insurance Plan, and is subject to enrollment deadline dates. Students who have purchased the Optional Home Country Coverage may also enroll their lawful spouse or domestic partner, and dependent children under age twenty-six (26) for the same coverage. Coverage is available for a ninety (90) consecutive day period only. The Optional Home Country Coverage Benefit will not provide coverage for any conditions excluded under the Student Health Insurance Plan.

Enrollment Deadlines:

Fall Term Enrollment: August 10, 2013
 Spring Term Enrollment: January 6, 2014

Payment Instructions: Please mail completed form and premium to: University Health Plans, One Batterymarch Park, Quincy, MA 02169. Coverage will become effective on September 1, 2013 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.***

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility or entrance into the armed forces.**

STUDENT'S SIGNATURE: _____ DATE: _____

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.