2014-2015 SARAH LAWRENCE STUDENT HEALTH INSURANCE PLAN OPTIONAL HOME COUNTRY COVERAGE ENROLLMENT FORM

(AVAILBLE TO INSURED INTERNATIONAL STUDENTS AND DEPENDENTS ONLY)

| (PLEASE PRINT) | | | |
|--|--|--|---|
| Student Name | | First | MI |
| Mailing Address | | - * * * | |
| | et or PO Box | City | State Zip |
| Student ID # | | Date of Birth | Gender |
| Email | | Phone# | |
| | | S FOR HOME COUNTRY CO | |
| | Student Only | □ \$164 | |
| | | | |
| College Student Health Insurar | ace Plan, and is subject to | enrollment deadline dates. Coverage | ne time as enrollment under Sarah Lawrence is available for a ninety (90) consecutive day conditions excluded under the Student Health |
| Enrollment Deadlines: | | 10.2014 | |
| Fall Term Enrollment: | - | gust 10, 2014 | |
| Spring Term Enrollment: | Jan | uary 6, 2015 | |
| Quincy, MA 02169. Co application and premium a | verage will become a are received at Universe are in the form of a | effective on September 1, 201 sity Health Plans. <i>Please note C</i> | Health Plans, One Batterymarch Park, 4 or the date, if later, the completed redit Card payments are not accepted. eck or US Money Order payable to |
| representative of the Compa Master Policy. By signing, t as indicated on this enrollme | any or the effective dat he student acknowledge ent card; 2) He/She mee ned that the student is n | e of the coverage period, whichers the following: 1) He/She has care to the eligibility requirements for the eligible, the premium will be a | nium is received by the Company or a ver is later, unless otherwise stated in the sfully read the brochure and elects to enroll his coverage as described in the brochure; efunded. Premium will not be refunded |
| STUDENT'S SIGNATURE | | DA | TE. |

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.