

**ITHACA COLLEGE
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN
2020-2021 ENROLLMENT FORM**

YES, I want to ENROLL in the Ithaca College Student Health Insurance Plan for the 2020-21 Academic Year (August 10, 2020 - August 9, 2021).

I understand that the student only coverage premium of \$2,064 will be reflected on my student account.

Please Note: The address you enter below is the address to which your card and all communication from the insurance company will be sent. You do not need to use your permanent home address.

Purchase must be made by August 31, 2020 for the Annual Plan. Please email the completed form to moneill@univhealthplans.com.

(Please print the following student information.)

Last Name	First Name	MI
Student ID	Date of Birth	Gender
Street		
City Code	State	Zip
Email	Telephone	

1. Please check the appropriate box for the type of enrollment and coverage desired.

STUDENT TYPE:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Other
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COVERAGE SELECTION	Annual Plan 08/10/20 – 08/09/21
	<input type="checkbox"/> \$2,064

I have read and understand the ELIGIBILITY terms and conditions to enroll in this policy and once I enroll, the premium is non-refundable unless I fail to meet Eligibility requirements or I enter the Armed Forces.

Student Signature

Date

The Ithaca College Student Health Insurance Plan is
underwritten by **MVP**.