

**ITHACA COLLEGE
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN
SPRING 2019 ENROLLMENT FORM**

YES, I want to ENROLL in the Ithaca College Student Health Insurance Plan for the 2019 Spring Semester (January 1, 2019 - August 9, 2019).

I understand that the student only coverage premium of \$1,087 will be reflected on my student account. I further understand that if I elect to enroll my dependent(s) in the plan, I must pay an *additional premium* and print out the Dependent Enrollment form and send it with the additional premium to University Health Plans, 15 Pacella Park Drive, Randolph, MA 02368. Mailed payment for dependent coverage must be in the form of a check or money order, made payable to Atlanta International Insurance Company.

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 01/15/19 for the Spring Term of Coverage. 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
COVERAGE SELECTION	Spring Term 01/01/19 – 08/09/19		
	<input type="checkbox"/> \$1,087		

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 **ATLANTA INTERNATIONAL INSURANCE COMPANY (AIIC)**.