

# ENROLLMENT FORM FOR MEDICAL EVACUATION AND REPATRIATION INSURANCE

**Academic Policy Year: 2008-2009**

*PLEASE RETURN TO: SUITE 223 STUDENT UNION, SUNY BUFFALO-NORTH CAMPUS, BUFFALO, NY 14260  
PH: (716) 645-3036 / FAX: (716) 645-3465 / E-MAIL: ASKSMI@BUFFALO.EDU*

**\*If you have already purchased the International Health Insurance, you *DO NOT* need to complete this form.\***

PLEASE CIRCLE YOUR STATUS:

International Student in USA or RA/GA/TA	International Scholar in USA	International Student on Practical Training (must attach practical training Authorization papers)	American Student Studying Abroad - <i>Traveling to:</i>	American Faculty Abroad
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LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ UB DEPARTMENT OR PROGRAM \_\_\_\_\_ VISA STATUS \_\_\_\_\_ HOME COUNTRY \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ UB PERSON NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  MALE or  FEMALE  
(Non-UB students only)

The insurance runs from the 15th to the 15th of each month. For example, if you want coverage from Feb. 1 to Mar. 10, you would have to pay for two whole months (enrolling Jan. 15 thru Mar. 15). There are no exceptions without prior approval of the insurance office.

<p><b>DATES OF COVERAGE :</b> FROM ____/____/____ TO ____/____/____</p> <p><i>Alternative Coverage Dates: FROM ____/____/____ TO ____/____/____</i> (Requires Prior Administrative Approval From SMI Office to Sponsoring Department—not optional to participant.)</p>
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FULL YEAR	FALL	SPRING AND SUMMER	SUMMER	MONTHLY
	8/15/08 - 1/15/09		5/15/09 - 8/15/09	
8/15/08-8/15/09	<b>OR SPRING</b>	1/15/09 - 8/15/09	<b>OR 3 MONTHS</b>	X/15/XX - X/15/XX
	1/15/09 - 6/15/09		X/15/XX - X/15/XX	
\$72.00	\$30.00	\$42.00	\$18.00	\$6.00

Please indicate payment (circle one): **STUDENTS MUST HAVE THEIR STUDENT ACCOUNT BILLED.**

<input type="checkbox"/> Check or money order enclosed <b>Make check payable to SUNY at Buffalo</b>	<input type="checkbox"/> Please bill my student account (double check your person number above)	<input type="checkbox"/> Please invoice my department (prior approval from insurance office required)
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I wish to enroll on the SUNY Buffalo Medex Insurance program I have circled above. I understand this includes insurance premium and a non-refundable administrative fee. I understand that by signing this enrollment form, I decline the option of waiving off of the SUNY sponsored Medical Evacuation and Repatriation coverage for the above specified dates.

SIGNATURE \_\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

FOR OFFICE USE ONLY:

Check number \_\_\_\_\_ Receipt number \_\_\_\_\_ Payment amount \$ \_\_\_\_\_ Received by \_\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Class **8**

OSA \_\_\_\_\_ E-Mailed/Handed MEDEX Card \_\_\_\_\_