

# ENROLLMENT FORM FOR MEDICAL EVACUATION AND REPATRIATION INSURANCE

**Academic Policy Year: 2009-2010**

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

**\*If you have already contracted the SUNY International Health Insurance, do not 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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\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
LAST NAME FIRST NAME MI Mo. Day Year

\_\_\_\_\_ TOWN/CITY STATE ZIP CODE  
U.S. MAILING ADDRESS

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ UB DEPT OR PROGRAM HOME COUNTRY VISA TYPE  
U.S. TELEPHONE EMAIL ADDRESS

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

CURRENT EDUCATIONAL LEVEL: (CIRCLE ONE) UNDERGRAD GRADUATE PROFESSIONAL FACULTY/STAFF/RESEARCH

Insurance periods cover from the 15<sup>th</sup> of one month to the 14<sup>th</sup> of the next month. For example, if you want coverage from Feb. 1 to Mar. 10, you would have to pay for two whole months (enrolling 15<sup>th</sup> January through 14<sup>th</sup> March). There are no exceptions without prior approval of the insurance office.

**DATES OF COVERAGE :** FROM \_\_\_\_ / 15 / \_\_\_\_ TO \_\_\_\_ / 14 / \_\_\_\_

*Alternative Coverage Dates: FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_*  
*(Requires Prior Administrative Approval From SMI Office to Sponsoring Department—not optional to participant.)*

FULL YEAR	FALL	SPRING AND SUMMER	SUMMER	MONTHLY
	8/15/09 - 1/14/10		5/15/10 - 8/14/10	
8/15/09-8/14/10	<b>OR SPRING</b>	1/15/10 - 8/14/10	<b>OR 3 MONTHS</b>	X/15/XX - X/14/XX
	1/15/10 - 6/14/10		X/15/XX - X/14/XX	
\$72.00	\$30.00	\$42.00	\$18.00	\$6.00

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

Cash, Check or Money Order Enclosed <b>Make check payable to SUNY at Buffalo</b>	Please Bill My Student Account <small>(double check your person number above)</small>	Please Invoice My Department <small>(prior approval from insurance office required)</small>
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I wish to enroll on the SUNY sponsored Medex program for the above period. I understand this includes payment of the 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.

\_\_\_\_\_ TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
APPLICANT'S SIGNATURE 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: \_\_\_\_\_