

BLUE CROSS BLUE SHIELD OF MICHIGAN  
**2020-2021 J-1 SCHOLAR ENROLLMENT FORM (NON-STUDENT)**  
MICHIGAN TECHNOLOGICAL UNIVERSITY

PRIMARY INSURED – complete information below for the J-1 Scholar.			
Social Security #:		[OR] J-1 Scholar ID #:	
Last (Family) Name:		First (Given) Name:	Middle Initial:
Gender:  <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (Month/Day/Year)		Expected Date of Graduation: (Month/Year)
Permanent [U.S.] Address: (House/Building # and Street Name)			
City:		State:	Zip Code:
Telephone #:		Email Address:	

**Dependent Information:**

Complete information online at [www.4studenthealth.com/mtu](http://www.4studenthealth.com/mtu) for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan.

**Notice To J-1 Scholar:**

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the J-1 Scholar acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated and only monthly premiums are available as listed on this enrollment form; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the J-1 Scholar is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

**NOTICE:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

J-1 Scholar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MICHIGAN TECHNOLOGICAL UNIVERSITY

☐ I elect to purchase Injury and Sickness insurance coverage under the University's insurance plan. Below are the choices I have made.

Please Check All Appropriate Boxes.

**Insured Category:** ☐ J-1 Scholar ☐ Monthly Rate - \$138.00

**To Calculate Your Rate:**

Example: \$138.00 x 3 months = \$414.00

Calculation For Monthly Premium:

Monthly premium: \$ \_\_\_\_\_  
Multiply by # of months: \_\_\_\_\_  
Total premium enclosed: \$ \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_

**Effective and Termination Dates:**

**Coverage will become effective on the date the Insurance Company receives the application and correct premium payment.**

Monthly coverage expires on the termination date of coverage or on August 15, 2021, whichever is earlier.

**Please Note:** If application and correct premium are received after this requested effective date, your effective date will be the date application and correct premium are received.

**Payment Instructions:** J-1 scholars must bring the application and premium payment to the Student Financial Service Center located on the **First Floor** of the **Administration Building**.

Your credit card billing is your only receipt and notification of coverage. It is the J-1 Scholar's responsibility for timely premium payments whether or not a premium notice is received.

**All covered J-1 Scholars may enroll their Spouse or Domestic Partner, or Child under 26 years of age, online** with Blue Cross Blue Shield at [www.4studenthealth.com/mtu](http://www.4studenthealth.com/mtu).