

**CONSOLIDATED HEALTH PLANS  
2017-2018 J-1 SCHOLAR ENROLLMENT FORM**

**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.studentinsurance.com](http://www.studentinsurance.com) 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: \_\_\_\_\_

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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 - \$209.00

To Calculate Your Rate:	
Example: \$209.00 x 3 months = \$627.00	
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, 2018, 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, by filling out the dependent name and date of birth below. You will then receive an email with payment instructions from CHP.**

Last (Family) Name:	First (Given) Name:	Date of Birth: (Month/Day/Year)

Last (Family) Name:	First (Given) Name:	Date of Birth: (Month/Day/Year)

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