



2016-17 Student Health Insurance Form

****IMPORTANT NOTICE TO ALL FULL-TIME STUDENTS****

Full-time students, taking 9 or more credit hours, **MUST** complete this form whether you are enrolling or waiving coverage.

STUDENT INFORMATION **PLEASE PRINT** (All items marked with an asterisk must be completed)

Student ID#: _____ *E-mail Address: _____
(Official Use only – Student ID, please leave blank)

*Last Name: _____ First Name, Middle Initial: _____

*Phone: _____ *Gender: Male Female

*Date of Birth (MM/DD/YYYY): _____ *SSN # (only if enrolling in the Plan): _____

*Current Mailing Address: _____

*City: _____ *State: _____ *Zip Code: _____

DEPENDENT INFORMATION

Dependent coverage is only available for students insured under the plan. If you wish to cover your dependents, please go to www.aifusa.com/students and choose Hebrew Union College in the dropdown box.

***ENROLLMENT/WAIVER OPTIONS**

I wish to **ENROLL** myself as shown above in the Hebrew Union College – Jewish Institute of Religion Student Health Insurance coverage for the:
Summer 2017 ONLY Semester (5/20/2017 – 8/19/2017) \$858 (No payment plans offered)

I wish to **WAIVE** the Hebrew Union College – Jewish Institute of Religion Student Health Insurance coverage for Summer 2017. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at Hebrew Union College – Jewish Institute of Religion and that the College-Institute will not be responsible for any medical expenses. I am currently covered under the following policy:

Insurance Company Name: _____ Policy #: _____

The waiver section must be thoroughly completed. DO NOT leave the Insurance Company Name and Policy # blank.

****NOTICE TO STUDENT****

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 student 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 other than 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 student 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 defraud any insurance company or other person; files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Student's Signature: _____ Date: _____

****Student Billing Official Use Only****

Information sent to UHC: Yes No
Charged Premium: Summer 2017 ONLY
Payment: Paid In Full Payment plan in place Last 4-digits of Credit Card: _____
Campus: Cincinnati New York