

Indiana University Undergraduate & Graduate 2007/2008 Student Health Insurance Plan Enrollment Form

(PLEASE COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM)

All information must be complete and the appropriate premium received in order to process your application

ELIGIBILITY TO PARTICIPATE IN THIS PLAN:

- **Domestic Undergraduate** taking 6 or more credits.
- **Domestic Graduate Students** All domestic graduate students taking 3 or more credit hours or registered for thesis or dissertation are eligible to enroll in this insurance plan.
- **Spouse and/or dependent children** may be enrolled in the Plan only if the student is also insured by the IU Undergraduate & Graduate Student Insurance Plan. Spouse must be residing with the insured and dependent children must be unmarried, under 19 years of age, not self-supporting, and residing with the insured.

Enrollment Deadlines

Enrollment applications must be postmarked no later than the dates indicated below. If the deadline has passed, you may enroll for coverage beginning with the next coverage period, provided an application and appropriate premium have been received by The Chickering Group prior to or on the established deadline.

Enrollment Period	Deadline
Annual/Fall, 2007	September 15, 2007
Spring, 2008	February 1, 2008
Quarterly, 2007/2008*	September 15, 2007*

***If a quarterly payment is missed the student and dependent(s) will not be able to enroll until the next open enrollment period and a break in coverage will apply. The 2nd quarter deadline is 11/15/07. The 3rd quarter deadline is 2/15/08 and the 4th quarter deadline is 5/15/08.**

Enrollment after the deadlines specified above is allowed only for the loss of other health insurance coverage, marriage or the birth/adoption of a child. You must contact The Chickering Group *within 31 days of losing other coverage, marriage, or birth/adoption of a child.*

(PLEASE PRINT)

Step One: Provide Student/Dependent Information

Student's Name _____ Student's SSN# _____
Last First MI

Permanent U.S. Address: Street or P. O. Box _____ City _____ State _____ Zip _____

Phone Number (____) _____ Date of Birth _____ Male Female E-Mail Address _____
MM/DD/YYYY

List Spouse/Dependents to be insured below. Spouse/Dependent Coverage is available using this enrollment form only if the student is also insured under this Plan.

<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Gender</u>
_____	_____	_____	Spouse	___/___/___	___-___-___	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	Child	___/___/___	___-___-___	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	Child	___/___/___	___-___-___	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	Child	___/___/___	___-___-___	<input type="checkbox"/> M <input type="checkbox"/> F

Step Two: Select Student Enrollment Group

VOLUNTARY
890423-V10

- | | |
|---|--|
| <input type="checkbox"/> Domestic Undergraduate @ IUB | <input type="checkbox"/> Domestic Undergraduate @ IUPUI |
| <input type="checkbox"/> Domestic Graduate @ IUB | <input type="checkbox"/> Domestic Graduate @ IUPUI |
| <input type="checkbox"/> Domestic Undergraduate @ Regional Campus * | <input type="checkbox"/> Domestic Graduate @ Regional Campus * |

* Regional Campus = East, Kokomo, Northwest, South Bend, Southeast and Fort Wayne Campuses

