

## Domestic Student Health Insurance Enrollment 2023-2024– IDP Program UnitedHealthcare StudentResources

The University at Buffalo is committed to ensuring equal access to information. As part of this commitment, university content must be accessible to everyone, including individuals with physical, sensory, or cognitive impairments, with or without the use of assistive

**Student Name:** LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_ **Gender ( assigned at birth)**      MALE                  FEMALE

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **STUDENT ID NUMBER** \_\_\_\_\_ - \_\_\_\_\_

**Email address:** \_\_\_\_\_ @BUFFALO.EDU

**2. List dependents to be insured** (LEAVE BLANK IF NOT APPLICABLE)

	Last Name:	First Name	Date of Birth	Notes:	Required for Claims Processing
Spouse					M    F
Child					M    F
Child					M    F
Child					M    F

**3. Select Enrollment Plan** (PLEASE CHECK ONE)

Basic Plan	Summer Effective Dates: May 1st -July 31st 2024	Off Cycle Effective Date: June 1st - July 31st, 2024
Student	<b>\$ 729.71</b>	<b>\$ 483.84</b>
S & 1 Dependent	<b>\$1,459.42</b>	<b>\$ 967.68</b>
S & 2 Dependents	<b>\$2,189.13</b>	<b>\$ 1,451.52</b>
S & 3 or more Dependents	<b>\$2,918.84</b>	<b>\$1,935.36</b>

PLEASE COMPLETE AND SIGN THIS FORM.

**4. Designate Payment Method:** The premium will be billed and paid through your student account at the University at Buffalo.

**5. Notice to Student (Signature required)**

I have carefully read the policy plan provisions including all enrollment guidelines and elect to enroll as indicated above.

**I permit UB to provide Blue Cross Blue Shield WNY with enrollment status for purposes of eligibility under this plan.** I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage, and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that I am not eligible (see the brochure, pamphlet or Master Policy for eligibility guidelines), the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

**\*Enrollment Guidelines:** for applications received and accepted after the effective date of the policy period, but before the established deadline June 1, 2024 , coverage will be effective the first date of that policy period. Applications received after the deadline will not be accepted, unless there is a significant life change that directly affects applicant’s insurance coverage. Application to enroll off cycle in the plan must be made within 30 days of loss of other coverage. A letter of creditable coverage from the prior insurance carrier must accompany the application.

**Policy Requirement for Enrollment;** Matriculated with a minimum of 1 credit hour / Non-Matriculated minimum of 6 credit hours

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_