

2023–24 SHI Early Arrival Coverage Request to Enroll Domestic Student

FORM USE: Request to enroll in the 2023–24 Student Health Benefits Plan up to four weeks prior to a term’s standard coverage period start date. Standard coverage periods begin 8/15/23 for autumn 2023 and 01/01/24 for spring 2024.

FORM INSTRUCTIONS: Within three (3) business days of your arrival to campus or the termination of current health insurance, submit your completed form and supporting documentation to Student Health Insurance:

shi_info@osu.edu

FAX 614-292-1170

830 Lincoln Tower,
1800 Cannon Dr,
Columbus, OH 43210

If you have questions, call Student Health Insurance at 614-688-7979.

NOTICES: Early Arrival coverage is granted in weekly increments.

Section A: Student Information

Last Name: _____ Date of Birth (mm/dd/yyyy): _____

First Name: _____ OSU ID #: _____

Section B: Early Arrival / Loss Of Coverage Information

Check one:

I’m arriving early for autumn 2023 (prior to 8/15/23) as required by an academic program or co-curricular activity

I’m arriving early for spring 2024 (prior to 1/1/24) as required by an academic program or co-curricular activity

I’m a new graduate/graduate professional student enrolling in my first academic term at the university

I’m a new student enrolling in autumn 2023 as my first academic term and my health insurance terminates between 07/18/2023 and 08/14/2023

I’m a new student enrolling in spring 2024 as my first academic term and my health insurance terminates between 12/04/2023 and 12/31/2023

Enter the date of your early arrival / loss of coverage: _____

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Section C: Coverage Level Request

Check one:

Student Only

Student + Spouse/Dom Partner + 2 or more children

Student + Spouse/Domestic Partner

Student + Child

Student + Spouse/Domestic Partner + Child

Student + 2 or more children

Section D: Acknowledgements

1. Student Health Insurance will send a written decision regarding this Petition to my university email address.
2. I have enrolled in eligible university courses during the term for which I am arriving early or that follows my loss of coverage AND I have selected the Student Health Benefits Plan coverage in MyBuckeye Link.
3. I understand that the early arrival coverage level selected above must match the level I select for the standard coverage period.
4. Rates are available at shi.osu.edu and I have reviewed this important information prior to submitting this form.
5. I understand that the early arrival coverage fee will be added to my Statement of Account in addition to the standard semester fee.
6. Once the fee has been added to my Statement of Account, it cannot be removed, and I will be responsible for payment.
7. Benefits cannot be used until the fee is paid in full.

I acknowledge that I have reviewed and understand all Acknowledgements in Section D of this form.

Initial Here: _____

Section E: Signature

Signature: _____

Date: / /