



**Interim Insurance Request Form for Domestic Students**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like to purchase the Autumn 2009 interim insurance coverage (effective 8/10/09--9/15/09). I am a new graduate student and I will be enrolled in eligible courses at OSU for the first time during Autumn 2009 quarter.

- ( ) Single coverage - \$172
- ( ) Student and spouse coverage - \$503
- ( ) Student and child(ren) coverage - \$510
- ( ) Student and family coverage - \$689

I understand that the level of coverage that I have indicated above must match the level of coverage that I have selected for the Autumn 2009 quarter (9/16/09—1/3/10).

I also understand that if this request is approved, the appropriate interim insurance fee will be added to my university Account Statement and it will be my responsibility to make payment to the Office of the University Bursar.

Signature of Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this completed form by September 15, 2009 to:

The Ohio State University  
 Student Health Insurance Program  
 1100 Lincoln Tower  
 1800 Cannon Drive  
 Columbus, OH 43210  
 Fax: 614-292-1170  
 Email: [shi\\_info@osu.edu](mailto:shi_info@osu.edu)

**FOR OFFICE USE ONLY**

Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_  Denied  Approved  N/A  By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes \_\_\_\_\_

Bursar Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email  Letter  Both