



Interim Insurance Request Form for International 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 international student who is entering the United States for the first time and I will be enrolled in eligible courses at OSU for the Autumn 2009 quarter.

- () Single coverage - \$160
- () Student and spouse coverage - \$466
- () Student and child(ren) coverage - \$472
- () Student and family coverage - \$637

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

FOR OFFICE USE ONLY

Rec'd ____/____/____ Denied Approved N/A By _____ Date ____/____/____
Notes _____

Bursar Notified: ____/____/____ Student Notified: ____/____/____ Email Letter Both