2022-23 SHI Petition to Enroll

FORM USE: Request to enroll in the 2022-23 Student Health Benefits Plan and document the academic circumstances that cause eligibility to not be met. This form should NOT be used to request enrollment for a Leave of Absence (LOA). Contact our office for assistance with LOA enrollment.

FORM INSTRUCTIONS: Submit your completed form 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.

SECTION A: STUDENT INFORMATION

Last Name: _______________________________ OSU ID #: _______________________________
First Name: _______________________________ Date of Birth: _______________________________
College Department (example: ALP, BUS, ENG): ___________________________________________

SECTION B: COVERAGE TERM REQUEST (check one) *

___ Autumn 2022 (AU22 includes enrollment in SP/SU23 if eligible)
___ Spring/Summer 2023
___ Summer only 2023

*Your selection of the Student Health Benefits Plan remains in effect for the remainder of the policy year, and you cannot modify your selection from term to term.

SECTION C: COVERAGE LEVEL REQUEST (check one)

___ Student Only  ___ Student + Spouse / DP + 2 or more children
___ Student + Spouse / Domestic Partner  ___ Student + Child
___ Student + Spouse / Domestic Partner + Child  ___ Student + 2 or more children

SECTION D: PRIMARY REASON FOR REQUEST

___ I’m a Domestic Student enrolled in all Distance Learning courses
___ I’m an International Student enrolled in all Distance Learning courses and I am NOT residing in my home country
___ I’m an undergraduate in a non-degree program taking pre-requisite courses toward admission in a degree program
   ➢ Required: Attach an approved academic projection plan
___ I’m taking graduate level pre-requisite courses toward admission in a graduate program
   ➢ Required: You must have an approved graduate application on file with the Graduate School Administration office
___ Other, please describe: ____________________________________________________________________________________
____________________________________________________________________________________
SECTION E: DEPENDENT INFORMATION (required only if your petition request includes dependent coverage)

<table>
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<tr>
<th>Dependent Name (Last, First)</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
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SECTION F: ACKNOWLEDGEMENTS

1. Student Health Insurance will send a written decision regarding this Petition to my university email address.
2. Student Health Insurance may consult with the Office of Extended Education, the Graduate School, or any applicable College office to verify the information provided. The form and documentation will be used solely for the purpose of this petition.
3. Petitions are valid for one plan year only.
4. If I am granted a petition, I understand I am required to maintain the Student Health Benefits Plan enrollment for each term granted unless I no longer meet minimum eligibility.
5. Rates are available at shi.osu.edu and I have reviewed this important information prior to submitting this form.
6. When applicable, the pro-rated amount has been provided to me by SHI and I have reviewed this important information.
7. If I am granted a petition, I understand the Student Health Benefits Plan fee will be added to my Statement of Account.
8. Once the fee has been added to my Statement of Account, it cannot be removed, and I will be responsible for payment.
9. Benefits cannot be used until the fee is paid in full.

I acknowledge that I have reviewed and understand all Acknowledgements in Section F of this form. Initial here: _______

SECTION G: SIGNATURE

Signature of Student ____________________________________________ Date ________________

FOR OFFICE USE ONLY

Rec'd ______/_____/_______ Denied ☐ Approved ☐ N/A ☐ By________________________ Date______/______/_______

Notes____________________________________________________________________________________________

SIS Updated: _____/_____/_____ Student Notified: _____/_____/_____ Email ☐ Letter ☐ Both ☐ Amt: ________ Eff. Date_______