

2025–26 SHI Early Arrival Coverage Request to Enroll International Student

FORM USE: Request to enroll in the 2025–26 Student Health Benefits Plan up to four weeks prior to a term's standard coverage period start date. Standard coverage periods begin 8/19/2025 for autumn 2025 and 1/1/2026 for spring 2026.

FORM INSTRUCTIONS: Within three (3) business days of your arrival to campus, 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 Information

Check one:

☐ I'm a new student arriving early for autumn 2025 (prior to 8/19/2025).

☐ I'm arriving early for spring 2026 (prior to 1/1/2026).

Enter the date of your departure for the United States: _____

Enter the date of your arrival to Columbus, Ohio: _____



2025–26 SHI Early Arrival Coverage Request to Enroll International Student

Section C: Coverage Level Request

Check one:

- | | |
|--|--|
| <input type="checkbox"/> Student Only | <input type="checkbox"/> Student + Spouse/Dom Partner + 2 or more children |
| <input type="checkbox"/> Student + Spouse/Domestic Partner | <input type="checkbox"/> Student + Child |
| <input type="checkbox"/> Student + Spouse/Domestic Partner + Child | <input type="checkbox"/> 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 attached a **copy of my most recent I-94 AND Travel History**. You can access your I-94 information [online](#).
3. I have enrolled in eligible university courses during the term for which I am arriving early AND I have selected the Student Health Benefits Plan coverage in MyBuckeye Link.
4. I understand that the early arrival coverage level selected above must match the level I select for the standard coverage period.
5. Rates are available at shi.osu.edu and I have reviewed this important information prior to submitting this form.
6. I understand that the early arrival coverage fee will be added to my Statement of Account in addition to the standard semester fee.
7. Once the fee has been added to my Statement of Account, it cannot be removed, and I will be responsible for payment. Visit our [Fee Payment](#) page for payment options.
8. 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: / /