

# 2020-21 International Student Interim Insurance Request



THE OHIO STATE  
UNIVERSITY

OFFICE OF STUDENT LIFE  
STUDENT HEALTH INSURANCE

**FORM USE:** Request to enroll in the 2020-21 Student Health Insurance Benefits Plan up to four weeks prior to a term's standard coverage period start date. Standard coverage periods begin 8/18/20 for Autumn 2020 and 01/01/21 for Spring 2021. **NOTICE:** Interim coverage is granted in weekly increments.

**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.

## SECTION A: STUDENT INFORMATION

Last Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## SECTION B: EARLY ARRIVAL INFORMATION

Check one:

\_\_\_ I'm a new student early arriving for Autumn 2020 (arrival prior to 8/18/20)

\_\_\_ I'm a new student early arriving for Spring 2021 (arrival prior to 1/1/21)

Enter your date of departure for United States: \_\_\_\_\_ (Note: You must attach a travel itinerary to verify)

Enter your date of arrival to Columbus, Ohio: \_\_\_\_\_

## SECTION C. COVERAGE LEVEL SELECTION (check one)

Note: The coverage you select below must match the coverage you select for the standard coverage period.

\_\_\_ Student Only

\_\_\_ Student + Child

\_\_\_ Student + Spouse

\_\_\_ Student + 2 or more children

\_\_\_ Student + Spouse + Child

\_\_\_ Student + Spouse + 2 or more children

## SECTION D: VERIFICATION (check each box to indicate your agreement)

\_\_\_ I have attached a **copy of my flight itinerary verifying my departure date**.

\_\_\_ I will be enrolled in eligible Ohio State courses during the term for which I am arriving early.

\_\_\_ I selected an interim coverage level in Section C that matches the level I selected for the standard coverage period.

\_\_\_ I understand that the interim insurance fee will be added to my university Statement of Account in addition to the standard semester fee and that fee payment is my sole responsibility.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: Student Health Insurance will send a written decision regarding your request to your Ohio State email address.

### FOR OFFICE USE ONLY

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

Notes

SIS Updated: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Student Notified: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email  Letter  Both  Amt: \_\_\_\_\_ Eff. Date \_\_\_\_\_