

2021-22 Domestic Student Early Arrival Coverage Request



THE OHIO STATE
UNIVERSITY
OFFICE OF STUDENT LIFE
STUDENT HEALTH INSURANCE

FORM USE: Request to enroll in the 2021-22 Student Health Insurance Benefits Plan up to four weeks prior to a term's standard coverage period start date. Standard coverage periods begin 8/17/21 for autumn 2021 and 01/01/22 for spring 2022. **NOTICE:** Early Arrival coverage is granted in weekly increments.

FORM INSTRUCTIONS: Within three (3) business days of your arrival to campus or the termination of current health insurance, 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: _____ OSU ID # _____

First Name: _____ Date of Birth: _____

SECTION B: EARLY ARRIVAL/LOSS OF COVERAGE INFORMATION

Check one:

I'm arriving early for autumn 2021 (prior to 8/17/21) as required by an academic program or co-curricular activity

I'm arriving early for spring 2022 (prior to 1/1/22) as required by an academic program or co-curricular activity

I'm a new graduate/graduate professional student enrolling in my first academic term at Ohio State

I'm a new student enrolling in autumn 2021 as my first academic term and my health insurance terminates between 7/22/21 and 8/17/21

I'm a new student enrolling in spring 2022 as my first academic term and my health insurance terminated between 12/4/21 and 12/31/21

Enter the date of your early arrival/loss of coverage: _____

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 line to indicate your agreement)

I will be enrolled in eligible Ohio State courses during the term for which I am arriving early or that follows my loss of coverage.

I understand that the early arrival coverage level selected above must match the level I select for the standard coverage period.

I understand that the early arrival coverage 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 of Student _____ 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 _____