2021-22 Petition to Enroll

FORM USE: Request to enroll in the 2021-22 Student Health Insurance Benefits Plan, and document the academic circumstances that cause the credit hour 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 and required 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: ______________________________________________ OSU Email _______________________________
Date of Birth: ____________________________________________ Phone: _______________________________
College Department (example: ALP, BUS, ENG): ____________________________

SECTION B: COVERAGE TERM REQUEST (Check one) *

___ Autumn 2021 (AU21 includes enrollment in SP/SU22 if eligible)
___ Spring/Summer 2022
___ Summer only 2022

* Your Selection of the SHI 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 (Check one)

___ 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: ____________________________________________

*Rates and fee payment options are available at shi.osu.edu. Please review this important information prior to submitting this form.

Last revised 04/01/2021
SECTION E: DEPENDENT INFORMATION (required only if your petition request includes dependent coverage)

<table>
<thead>
<tr>
<th>Dependent Name (Last, First)</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION F: NOTICES

1. Student Health Insurance will send a written decision regarding your Petition to your Ohio State 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 you are granted a petition, the Student Health Insurance Benefits Plan fee will post to your Statement of Account.
5. If you are granted a petition, you are required to maintain the Student Health Benefits Plan enrollment for each term granted unless you no longer meet minimum eligibility.
6. To be eligible for enrollment in the Student Health Insurance Benefits Plan beyond any terms granted in response to this Petition, you must meet minimum credit hour eligibility: 6 for undergraduate, 4 for graduate, and 3 for post-candidacy doctoral.

SECTION G: VERIFICATION

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______

Last revised 04/01/2021