2022-23 SHI Early Arrival Coverage Request to Enroll
Domestic Student

FORM USE: Request to enroll in the 2022-23 Student Health Benefits Plan up to four weeks prior to a term’s standard coverage period start date. Standard coverage periods begin 8/16/22 for autumn 2022 and 01/01/23 for spring 2023. 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 2022 (prior to 8/16/22) as required by an academic program or co-curricular activity
_____ I’m arriving early for spring 2023 (prior to 1/1/23) 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 the university
_____ I’m a new student enrolling in autumn 2022 as my first academic term and my health insurance terminates between 07/19/2022 and 08/15/2022
_____ I’m a new student enrolling in spring 2023 as my first academic term and my health insurance terminates between 12/04/2022 and 12/31/2022

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

SECTION C: COVERAGE LEVEL REQUEST – Note: the coverage you select below must match the coverage you select for the standard coverage period.

Check one:

___ Student Only ___ Student + Spouse/Dom Partner + 2 or more children
___ Student + Spouse/Domestic Partner ___ Student + Child
___ Student + Spouse/Domestic Partner + Child ___ 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 enrolled in eligible university courses during the term for which I am arriving early or that follows my loss of coverage AND I have selected the Student Health Benefits Plan coverage in MyBuckeye Link.
3. I understand that the early arrival coverage level selected above must match the level I select for the standard coverage period.
4. Rates are available at shi.osu.edu and I have reviewed this important information prior to submitting this form.
5. I understand that the early arrival coverage fee will be added to my Statement of Account in addition to the standard semester fee.
6. Once the fee has been added to my Statement of Account, it cannot be removed, and I will be responsible for payment.
7. 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 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 ______/____/_______