



## 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](http://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 \_\_\_\_\_