



## 2022-23 SHI Early Arrival Coverage Request to Enroll International 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, 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 INFORMATION

Check one:

\_\_\_\_\_ I’m a new student arriving early for autumn 2022 (prior to 8/16/22)

\_\_\_\_\_ I’m a new student arriving early for spring 2023 (prior to 1/1/23)

Enter the date of your departure for the United States: \_\_\_\_\_

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

*Note: you must attach a copy of your travel itinerary for verification*

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

Check one:

- |  |  |
|--|--|
| <input type="checkbox"/> Student Only                              | <input type="checkbox"/> Student + Spouse/Dom Partner + 2 or more children |
| <input type="checkbox"/> Student + Spouse/Domestic Partner         | <input type="checkbox"/> Student + Child                                   |
| <input type="checkbox"/> Student + Spouse/Domestic Partner + Child | <input type="checkbox"/> 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 attached a **copy of my flight itinerary verifying my departure date**.
3. I have enrolled in eligible university courses during the term for which I am arriving early AND I have selected the Student Health Benefits Plan coverage in MyBuckeye Link.
4. I understand that the early arrival coverage level selected above must match the level I select for the standard coverage period.
5. Rates are available at [shi.osu.edu](http://shi.osu.edu) and I have reviewed this important information prior to submitting this form.
6. I understand that the early arrival coverage fee will be added to my Statement of Account in addition to the standard semester fee.
7. Once the fee has been added to my Statement of Account, it cannot be removed, and I will be responsible for payment.
8. 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 \_\_\_\_\_

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FOR OFFICE USE ONLY

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

Notes \_\_\_\_\_

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