2008-2009

Enrollment Form

Enrollment Deadlines:
Fall Term: September 30
Spring Term: February 28

MIT Student Medical Plan and MIT Student Extended Insurance Plan

Complete this form only if...

you wish to purchase coverage for family member(s) or are a special student taking at least 1 course but fewer than 27 units. All regular, registered students, and special students registered for 27 or more units, are automatically enrolled in the MIT Student Extended Insurance Plan with individual coverage and do not need to complete this form to cover themselves.

Please send completed form to the MIT Health Plans office (E23-308).

student last name | first name | middle initial | date of birth (month/day/year)

MIT ID or Social Security number | e-mail address | ○ female ○ male (gender) | ○ regular ○ special (student status)

Enrollment Forms must be received by September 30, 2008 for fall term or February 28, 2009 for spring term.

Choose both plans or just the MIT Student Medical Plan

Choosing both plans gives you the best protection for you and your family.

If you enroll for both terms, you will be billed for only one term at a time.

		○ **both terms** September 1, 2008 - August 31, 2009	○ **fall term only** September 1, 2008 - January 31, 2009	○ **spring term only** February 1, 2009 - August 31, 2009
MIT Student Medical Plan for services at MIT Medical only				
● (I)	student - automatic enrollment	FREE with tuition	FREE with tuition	FREE with tuition
○ (H)	partner	$ 996	$ 415	$ 581
○ (1)	dependent(s)	$ 504	$ 210	$ 294
○ (4)	family	$ 1,500	$ 625	$ 875
MIT Student Extended Insurance Plan				
○ (I)	student	$ 1,570	$ 654	$ 916
○ (IS)	student and partner	$ 2,388	$ 995	$ 1,393
○ (IC)	student and dependent(s)	$ 1,680	$ 700	$ 980
○ (ISC)	family	$ 2,496	$ 1,040	$ 1,456

To choose MIT Student Medical Plan only, you must show that your partner/dependents are also enrolled in an insurance plan that is comparable to the MIT Student Extended Insurance Plan. Family members must enroll in the MIT Student Medical Plan in order to be eligible for the MIT Student Extended Insurance Plan. The MIT Student Extended Insurance Plan cannot be purchased alone.

Family information

○ spousal equivalent ○ husband ○ wife

partner last name | first name | middle initial | relationship

○ female ○ male

date of birth (month/day/year) | MIT ID or Social Security number

child last name | first name | middle initial | ○ daughter ○ son (relationship)

date of birth (month/day/year) | MIT ID or Social Security number

child last name | first name | middle initial | ○ daughter ○ son (relationship)

date of birth (month/day/year) | MIT ID or Social Security number

child last name | first name | middle initial | ○ daughter ○ son (relationship)

date of birth (month/day/year) | MIT ID or Social Security number

A signed affidavit must be submitted when enrolling a spousal equivalent.

For Office Use Only

IDX

ver

date

Revised 7/07

Coverage period

I understand that I am applying for coverage which ends at the end of the period checked above. If I want coverage after that date, my new Enrollment Form must be received by the MIT Health Plans office (E23-308) by September 30, 2008 for fall term 2008-2009 or February 28, 2009 for spring term 2009. I understand and agree to the enrollment policies listed on the back of this form.

Required signature

student signature | date

term address | day phone (include area code)

2008-2009

Enrollment Form

Enrollment Deadlines:
Fall Term: September 30
Spring Term: February 28

MIT Student Medical Plan

Automatic enrollment

All regular and special students are automatically members of the MIT Student Medical Plan, which is FREE with tuition.

How do I enroll family members?

Partners and children of students may use MIT Medical by paying for each visit, or they can join the MIT Student Medical Plan. To enroll, you must complete the MIT Student Medical Plan section on this form and provide evidence that your spouse and/or children are also enrolled in an insurance plan comparable to the MIT Student Extended Insurance Plan.

When is the family enrollment deadline?

Family enrollment deadlines for the MIT Student Medical Plan are the same as for the MIT Student Extended Insurance Plan described above. See exceptions to these deadlines listed above in the "When is the Family Enrollment Deadline?" section of the MIT Student Extended Insurance Plan policy.

Can I cancel?

After enrolling, the earliest you can cancel your partner and/or dependents from the MIT Student Medical Plan and resume an individual membership is the beginning of the next term. Your cancellation request form must be received by the enrollment deadline for that term.

MIT Student Extended Insurance Plan

Automatic enrollment

All regular students, and special students registered for 27 or more units, are automatically enrolled in and billed through Student Financial Services for individual membership in the MIT Student Extended Insurance Plan. **An individual membership includes the student only.**

How do I enroll family members?

A family membership includes the student, partner, all unmarried dependent children up to 25 years of age, and dependent children of covered, unmarried dependents.

If you want to purchase coverage for your family, you must complete this Enrollment Form. The minimum coverage period for each family member is three months. A signed affidavit must be submitted when enrolling a spousal equivalent.

When is the family enrollment deadline?

Your request for family enrollment in the MIT Student Extended Insurance Plan must be received by **September 30, 2008** for Fall Term or **February 28, 2009** for Spring Term. **You must complete a new Enrollment Form at the beginning of each academic year or term.**
After these deadlines, you can enroll your family **only if**:

- You marry and want coverage for your spouse
- Your partner terminates employment and loses coverage
- Your partner and/or dependents arrive from another country for the first time
- Your baby is born. Please contact us and complete an enrollment form before the month the baby is expected. When the baby is born contact us within 30 days to tell us the name and date of birth. Coverage will begin as of the first of the month in which the baby is born.

We will ask you to document these circumstances before accepting your family enrollment. When accepted, coverage will begin on the first of the month following the day we receive your Enrollment Form. You must enroll within 30 days of this life change.

Can I cancel?

Once the three-month minimum coverage period has passed, you may cancel your partner and/or dependents from your plan and resume an individual membership before the beginning of the next term **only if**:

- Your partner gains employment and can purchase the employer's coverage. Be sure to verify the actual beginning date of that coverage.

We will ask you to document this circumstance before accepting your cancellation request. You must submit your cancellation request within 30 days of this life change.

Subscriber enrollment may only be cancelled at the end of a term, effective the beginning of the next term.

Additional Insurance Information

Name of Insurance Company	Street Address	City	State, Zip

Name of Policyholder	Policy Number	Relationship to Policyholder