



**University of Rochester - Student Health Insurance Plan**  
**(for students eligible for voluntary enrollment)**  
**2017/2018 Student Health Insurance Enrollment Form**  
***In order to enroll you must complete steps 1 through 4!***

**PLEASE COMPLETE AND SIGN THIS FORM.**

**APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.**

**3. Notice to Student (Signature required)**

I have carefully read the policy plan provisions including all enrollment guidelines and elect to enroll as indicated above. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage, and coverage for my spouse/partner and children can be made void. I understand that if it is later determined that I am not eligible (**see the Plan Design and Summary of Benefits for eligibility guidelines**), the premium will be refunded. You will also receive a Certificate of Coverage that outlines the benefits of the plan. You may return this Certificate to Us and ask Us to cancel it. Your request must be made in writing within ten (10) days from the date You receive this Certificate. We will refund any Premium paid including any Certificate fees or other charges.

**4. Pediatric Essential Dental Health Benefit**

A. If you are under the age of 19 have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a NYSDOH-certified stand-alone dental plan offered outside of the NYSOH? Yes      No

B. If you answered "yes", please provide the name of the company issuing the stand-alone dental coverage. \_\_\_\_\_  
If you answered "no" and are under the age of 19, we will provide you coverage of the pediatric dental essential health benefits.

**\*Enrollment Guidelines: For applications received and accepted after the effective date of the policy period, but before the established deadline, coverage will be effective the date of that policy period.** If it is received after the deadline, the University may reach out to Aetna Student Health

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to UHS Insurance Advisor at [insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu), or by fax (585-756-0263), or in person (Room 204, UHS Building).**