



OHIO  
UNIVERSITY

Division of Student Affairs

Student Health Service  
2 Health Center Drive  
Athens OH 45701-2991  
T: 740.593.1660  
F: 740.593.0179

TO: Ohio University Student

FROM: Jacqueline M. Legg, Business Manager, Student Health Service

SUBJECT: Enrollment for Student Insurance Coverage – Special Category to Wells Fargo

In the past, the Ohio University Student Accident and Sickness Insurance Plan has been restricted to domestic students taking 7 or more credit hours, or international students taking one or more credit hours during the quarter in which they enroll in the plan. However, we have identified a few categories of students who do not meet these criteria, but who will be eligible for the insurance plan. These categories include students who are graduate students taking dissertation or thesis hours, J1 visiting scholars, and graduate students taking 3 or more hours.

If you think you are eligible under one of these special categories, the attached form must be completed by the student and signed by the appropriate college dean or their designee. The form must be returned to the Student Insurance Office, Room 233 Hudson Health Center, for signature.

Once the form is signed, the student must remit the payment and the completed form to the insurance company, the student can mail the form directly to Wells Fargo, or turn it in to the Student Insurance Office. The address and contact person at Wells Fargo are located at the bottom of the Special Category Form. **A new form will need to be completed for each quarter the student wishes to be covered by the student insurance plan under the special category options.**

Should you have any questions about the use of this enrollment form or whether you meet the guidelines for a special category enrollment, call the Student Insurance Office at 740-597-1816.

**OHIO UNIVERSITY-MAIN (ATHENS) CAMPUS  
2008-2009 SPECIAL CATEGORY ENROLLMENT FORM - ACORDIA**

The following information must be provided before insurance coverage can begin & must be completed for all categories:

CATEGORY NUMBER: (Circle One)    1    2    3

University ID No.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

D.O.B.: \_\_\_\_\_ University Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

No. of Hours Enrolled \_\_\_\_\_ Course Title: \_\_\_\_\_

**Department Information: Must be completed for Categories 1, 2, or 3.**

College: \_\_\_\_\_ Department: \_\_\_\_\_

**(Circle One):** Co-Op; Internship; Education Abroad; Dissertation; Thesis; J-1 Visa; Visiting Scholar.

For Category 1, describe the activity you will be involved in, including dates:

Name of College Dean, Department Chair, or Designee: \_\_\_\_\_

Enrollment Verification Enrolled: Yes _____ No _____ Hrs: _____ Initials: _____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Premium Schedule**

Students Entering In	Coverage Period	Enrollment Deadline	Plan Premium
___ Fall Quarter	9/01/08 - 12/31/08	10/13/08	\$338
___ Winter Quarter	1/01/09 - 4/30/09	02/09/09	\$338
___ Spring 1 Quarter	5/01/09 - 8/31/09	05/04/09	\$338
___ Spring 2 Quarter (New)	3/30/09 - 8/31/09	05/04/09	\$434
___ Summer Quarter (New)	6/22/09 - 8/31/09	07/13/09	\$195

**METHOD OF PAYMENT**

\_\_\_ Check or Money Order (Make payable to Wells Fargo Insurance Services)

\_\_\_ I hereby authorize Acordia to charge my credit card: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Amt. To Be Charged: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Expiration Date: Mo. \_\_\_\_\_/Yr. \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ 3 Digit Authorization Code: \_\_\_\_\_ (on back of Card) Date: \_\_\_\_\_

Mail this form and payment to: Wells Fargo Insurance Services, P.O. Box 276, Columbus, OH 43216-0276. Or, present payment to the Student Health Insurance Office at Hudson Health Center. Coverage becomes effective on the first day of the Period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Payment must be received prior to the enrollment deadlines indicated above for insurance to begin. No enrollments will be accepted after these dates.

**OHIO UNIVERSITY-MAIN (ATHENS) CAMPUS  
SPECIAL CATEGORY ELIGIBILITY REQUIREMENTS  
2008-2009  
STUDENT INJURY AND SICKNESS INSURANCE PLAN**

An Ohio University student participating in a departmental program that does not meet the minimum eligibility requirement (7 or more credit hours for Domestic Students, 1 or more hours for International Students) to purchase the Insurance Plan through the Bursar's Office, can participate in the Ohio University Student Injury and Sickness Insurance Plan if the Student is in one of the following categories:

1. The student is participating in a qualified doctoral or masters thesis program at Ohio University, and is taking at least 1 credit hour, but is enrolled for less than 7 dissertation hours or 7 thesis hours. To be eligible, the student must be living in the Athens Campus area for the quarter purchased. (Requirement for living in the Athens Campus area can be waived if the Student is participating in the internship or training program and the Student has been participating in the OU Student Insurance Plan for a minimum of 3 quarters.)
2. A US or international (with a J-1 Visa) visitor who has been invited to participate in scholarly activities by Ohio University. Scholarly activities include research, and/or course instruction (this category does not include individuals who are under contract with Ohio University as course instructors). This individual must have the form signed by a department representative (e.g. Department Chair) who is overseeing this individual's scholarly activities for the University.
3. The student is a graduate student taking 3 or more credit hours on the Athens Campus. To be eligible, the student must enroll for 3 or more graduate credit hours, and must be living in the Athens campus area for this quarter.

**IMPORTANT!! YOU MUST COMPLETE THIS FORM FOR EACH QUARTER YOU ARE ELIGIBLE. PLEASE REVIEW THE COVERAGE PERIOD TO DETERMINE THE TERMINATION DATE OF THE PLAN. FUTURE COVERAGE PERIODS MUST BE PAID PRIOR TO THE START DATE OF THAT PERIOD OR THERE WILL BE A BREAK IN COVERAGE.**

**IF YOU QUALIFY FOR ONE OF THE ABOVE CATEGORIES, PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM.**