



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 - Bursar

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 participating in a co-op, internship program, or education abroad program sponsored through Ohio University, or the student is taking a quarter off other than summer quarter during an academic calendar year.

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

Once the form is signed, it will be sent to the Bursars Office and the charge for the insurance will be placed on the students account. **A new Special Category Form must 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 – BURSAR**

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

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 by Departmental Personnel

College: _____ Department: _____

Category (Circle One): Co-Op; Internship; Education Abroad; Alternative Quarter Break

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

Name of College Dean, Department Chair, or Designee: _____

Signature: _____ Date: _____

(College Dean, Department Chair or Designee)

Signature: _____ Date: _____

(Business Manager, Student Health Service)

Students Entering In	Premium Schedule		Plan Premium
	Coverage Period	Enrollment Deadline	
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

IMPORTANT! This form will be submitted to the Bursar's Office and the charge for the student insurance plan will be put on your student account.

By signing this form you are agreeing to allow the Bursar's Office to put the premium indicated above on your student account.

Student Signature _____ Date _____

Mail this form and payment to: Ohio University, Office of the Cashier, Chubb Hall, Athens, OH 45701-2979. Or present payment to the Student Health Insurance Office at Hudson Health Center, Room 109. Coverage becomes effective on the start date of the Coverage Period if the form is received in the Bursar's office or the Student Insurance Office prior to the Enrollment deadlines indicated above. 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 an internship, co-op, education abroad program, or is taking a quarter off other than summer, 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 plan automatically through the Bursar's Office, can participate in the Ohio University Student Injury and Sickness Insurance Plan by meeting the following guideline:

The student is considered a full-time student of the College/University indicated on this form, but is participating in an internship, co-op, or education abroad program sponsored through Ohio University, or the student is taking a quarter off other than summer during an academic calendar year (For Ohio University a typical academic year will include Fall, Winter and Spring quarters.). This student is required to be enrolled in 7 or more credit hours the quarter before, or will be enrolled for 7 or more credit hours the quarter following the co-op, internship, education abroad program, or alternative quarter

IMPORTANT! This form will be submitted to the Bursar's Office and the charge for the student insurance plan will be put on your student account.