

**CLASS 8 – MEDICAL EVACUATION/REPATRIATION POLICY ENROLLMENT FORM 2020 - 2021**

***This enrollment form is for students who have completed a Waiver Request Form and have submitted proof of coverage to their school administrator. Researchers, scholars, professors and dependents covered under SUNY employment benefits may also use this form to purchase the Policy.***

***If you have a major credit card, please purchase this coverage online. Your campus administrator can provide you with the appropriate link. This paper enrollment form should only be used by those who do not have a major credit card.***

**Participant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

SUNY Campus \_\_\_\_\_ Student ID or Social Security # (if applicable) \_\_\_\_\_

Home Country \_\_\_\_\_

Host Country \_\_\_\_\_

U.S. Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date: (mm/dd/yyyy) \_\_\_\_\_  Female  Male

| <b>Class 8</b>  | <b>Period of Coverage</b> | <b>Cost</b>                     | <b># of Months</b> | <b>Total</b> |
|---|---------------------------|---------------------------------|--------------------|--------------|
|   | Monthly                   | <input type="checkbox"/> \$6.71 |                    | \$           |
| <b>Start Date</b> ___/___/___ <b>End Date</b> ___/___/___ |                           |                                 |                    |              |

Please fill out and submit the completed form to the Insurance Coordinator: [yjong-futerko@albany.edu](mailto:yjong-futerko@albany.edu) to be reviewed. Payment link will be sent to participant by email.

Signature of Applicant (or guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

***Reminder for Dependents: Please enroll each on his/her own enrollment form.***

Verified by: (name & title, i.e. FSA) \_\_\_\_\_ Date \_\_\_\_\_