

**ROCHESTER INSTITUTE OF TECHNOLOGY
ACCIDENT AND SICKNESS PLAN
CONTINUATION COVERAGE ENROLLMENT
FOR STUDENTS & DEPENDENTS**

Students insured under the 2009-10 RIT Student Accident and Sickness Insurance Plan whose eligibility ends due to graduation or otherwise leaving school, are eligible to continue coverage, subject to the terms and conditions of the 2009-10 brochure/policy. Students and their dependents must enroll for the same type of coverage as was purchased for the 2009-10 policy year. *The Enhanced Supplemental Benefit is not eligible for continuation.* Enrollment for this Continuation Plan must be made prior to your termination date. This coverage is non-refundable and not renewable. I understand that submission of this form with my premium payment confirms my/our understanding of this Continuation Plan.

STUDENT'S NAME _____ DATE OF BIRTH: _____ SID#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ENROLLMENT DEADLINE DATE: March 8, 2010
Make check payable and mail to: University Health Plans
Address: One Batterymarch Park, Quincy, MA 02169

	3/8/10 – 6/8/10	3/8/10 – 9/8/10
Student Only	\$478	\$774
Spouse (additional)	\$955	\$1,551
Child(ren)(additional)	\$716	\$1,162

If you are enrolling Dependents, list Dependents to be insured below.
Dependent coverage is available ONLY if the student is also insured under the Plan.

	Last Name	First Name	MI	Date of Birth	SS#	Gender
Spouse:	_____	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____	_____

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 and child(ren) can be made void. I understand that if it is later determined that the student is not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

Under no circumstances will applications received after March 8, 2010 be accepted.

Signature: _____ Date: _____