ENROLLMENT FORM
INTERNATIONAL STUDENT AND SCHOLAR HEALTH INSURANCE

Note: All fields must be answered in full to properly process your insurance enrollment.

Last Name (Family Name) _____

First Name (Given Name) _____ **Middle Name** _____

Stony Brook ID Number _____ **Date of Birth** [Month/Day/Year] ___/___/___ **Male** ☐ **Female** ☐

Academic Department: _____

Stony Brook University 11794 - _____

Mailing Address: _____

_____
City State Zip

Local Phone Number: _____

E-Mail Address: _____

Home Country (Complete Name) _____

Date of Application ___/___/___ (Month/Day/Year)

Study Abroad Location [if U.S. citizen or perm. resident] _____

Status: ☐ **F Visa** ☐ **J Visa** ☐ **H Visa** ☐ **Other International Visa** ☐ **U.S. Citizen/Permanent Resident**

☐ Undergraduate Student (S887) ☐ Graduate Student (S887) ☐ Professor, Scholar, Researcher (A132)

☐ Practical Training Participant (A132) ☐ Outbound American Student (A132) ☐ Outbound American Faculty/Staff/Scholars (A132)

1- Full Insurance: Dates of Coverage: ___/___/___ (Month/Day/Year) to ___/___/___ (Month/Day/Year) = ____ months @ $_____/mo = $_____

2- Medical Evacuation and Reparation **ONLY**:

Dates of Coverage: ___/___/___ (Month/Day/Year) to ___/___/___ (Month/Day/Year) = ____ months @ $_____/mo = $_____ TOTAL AMT DUE: $_____

NOTE: Insurance must be purchased in monthly increments (but cannot be purchased past August 15)

_____ _____

Signature (in ink) ***Date Signed***

This form must be sent/brought with your payment to the Student Financial Services Office located in the Stony Brook Union, 2nd Floor, Suite 207.
The cashier will keep one copy, and return one copy to you if you pay in person. Checks should be made out to STONY BROOK UNIVERSITY, I.F.R. ACCT. #900563
Insurance ID Cards will be sent via email.
International Scholars must see a Health Insurance Advisor in International Services before enrolling.
Note: Dependents are enrolled by a separate process.

Health Insurance Advisor Approval: _____ ***Bursar's Receipt:*** _____

Dependent Names: _____

Must purchase insurance by ___/___/___ (Month/Day/Year) Must be renewed by ___/___/___ (Month/Day/Year)

Questions about your payment and enrollment? International Visiting Scholars: contact Visa and Immigration Services (631) 632-4685.
All Students and Stony Brook Professors/Faculty/Staff: contact Student Health Ins. Office, West Side Dining, Second Floor (631) 632-6054. 05/23