

LAST NAME	FIRST NAME	UMID #

<b>INSURANCE START DATE:</b>		<b>INSURANCE END DATE:*</b>	<input type="checkbox"/> End date of program or expiration date of current waiver
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\*For J-1 students or scholars, the end date must be the end date of Form DS-2019 or expiration date of current waiver, whichever is earlier.

\*For F-1 students, the end date must be the end date for Form I-20 or expiration date of current waiver, whichever is earlier.

\*For F-1 students on post-completion or STEM OPT, the end date should be the OPT end date or expiration date of current waiver, whichever is earlier.

**DEPENDENTS TO BE INCLUDED:**

LAST NAME	FIRST NAME	VISA TYPE	BIRTH DATE (month/day/year)	SEX (M/F)
<b>SPOUSE:</b>				
<b>CHILD:</b>				
<b>CHILD:</b>				

Coverage will be effective on the date that this form is received and authorized by the University of Michigan International Center's insurance office, or on the coverage start date, whichever is later.

- I certify that I meet the eligibility requirements for this coverage as described in the University of Michigan International Plan brochure. I authorize the University's Student Financial Services to bill me for this coverage and I accept responsibility for payment of these charges.
- By signing this enrollment form, I authorize my health care provider(s) to release to Blue Care Network and GeoBlue any information regarding services or claims made under this plan.

<b>SIGNATURE</b>	<b>DATE</b>

For Office Use Only:

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ Documents:  Attached  Imaged  None