University at Buffalo
Student Health Insurance
Student Life

STUDY ABROAD HEALTH INSURANCE ENROLLMENT FORM 2023-2024

The University at Buffalo is committed to ensuring equal access to information. As part of this commitment, university content must be accessible. to everyone, including individuals with physical, sensory, or cognitive impairments, with or without the use of assistive technology. If you encounter an accessibility issue when completing this form, please contact the Student Health Insurance office.

PLEASE SUBMIT TO: ASKSHI@BUFFALO.EDU

____ DATE OF BIRTH: ______/______/______
LAST NAME FIRST NAME MI MONTH DAY YEAR

______________________ ______________ ______ __________
U.S. MAILING ADDRESS TOWN/CITY STATE ZIP CODE

(______)______-__________ ______________ ______________ ______________
U.S. TELEPHONE EMAIL ADDRESS HOME COUNTRY VISA TYPE

__________________ ○ MALE ○ FEMALE (Gender assigned at birth)
UB PERSON NUMBER

______________ ______________ ______________
DESTINATION ABROAD UB FACULTY ADVISOR FOR PROGRAM ABROAD ADVISOR EMAIL

SELECT COVERAGE PERIOD:

○	**MONTHLY** (FROM THE 15TH OF THE MONTH)	**$74.09**
○	**16 DAY RATE**	**$38.87**
○	**DAILY**	**$2.42 per day**

***PLEASE WRITE DATES OF COVERAGE: ____/____/____ TO ____/____/____**

ALL UB STUDENTS MUST HAVE STUDENT ACCOUNT BILLED FOR THE HEALTH INSURANCE. DEPARTMENTAL INVOICES ARE AVAILABLE WITH PRIOR APPROVAL FROM THE HEALTH INSURANCE OFFICE. SHI OFFICE DOES NOT ACCEPT CASH OR CHECKS. THE PRICING LISTED IS EFFECTIVE FOR THE 2023-2024 POLICY YEAR UNTIL AUGUST 14, 2024.

I WISH TO ENROLL IN THE SUNY INTERNATIONAL HEALTH INSURANCE PROGRAM FOR THE ABOVE PERIOD. I UNDERSTAND THIS INCLUDES PAYMENT OF THE INSURANCE PREMIUM AND A NON-REFUNDABLE ADMINISTRATIVE FEE. I UNDERSTAND THAT BY SIGNING THIS ENROLLMENT FORM, I DECLINE THE OPTION OF WAIVING OFF OF THE STUDY ABROAD INSURANCE PLAN FOR THE SPECIFIED PERIOD.

____ DATE: ______/______/______
APPLICANT'S SIGNATURE MONTH DAY YEAR

Student Health Insurance
1 Capen, Box 28 North Campus, Buffalo, NY 14228
716.645-3036
askshi@buffalo.edu
buffalo.edu

PAYMENT REFERENCE #:__________ PAYMENT AMOUNT:__________ PAYMENT DATE: __________
PROCESSED BY: __________ UNITED: __________ DATABASE UPDATE: __________