Non-Institute Visiting Student Enrollment Form

1. Program information

Program name: ____________________________________________
Department pay: ☐ Self pay: ☐

Period of coverage: Start date: __________ End date: __________
(month/day/year) (month/day/year)

2. Personal information

Name: ____________________________________________
Surname (family name) First name (given name) Middle initial

Date of birth: __________
(month/day/year)

Gender: ☐ F ☐ M

Local (U.S.) address: ____________________________________________
Number, street name, apartment
City State Zip code

U.S. phone number: ______________________________ MIT ID #: ____________________________

Will you be adding any dependents? ☐ Yes ☐ No

If yes, please complete the back of this form and have proof of relationship documents ready.

3. Plan selection & rates (please check one)

<table>
<thead>
<tr>
<th>Plan(s)</th>
<th>Coverage for…</th>
<th>Full year Sept. 1, 2019–Aug. 31, 2020</th>
<th>Monthly payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIT Student Medical Plan only</td>
<td>Just me</td>
<td>included with tuition</td>
<td>included with tuition</td>
</tr>
<tr>
<td>Note: to choose the MIT Student Medical Plan only, you must provide evidence of enrollment in an additional insurance plan that meets state and federal standards.</td>
<td>Me and my spouse/partner</td>
<td>$1,584</td>
<td>$132.00 / month</td>
</tr>
<tr>
<td></td>
<td>Me and my dependent(s)</td>
<td>$792</td>
<td>$66.00 / month</td>
</tr>
<tr>
<td></td>
<td>Me, my spouse/partner, and my dependents</td>
<td>$2,376</td>
<td>$198.00 / month</td>
</tr>
<tr>
<td>Both the MIT Student Medical Plan and the MIT Student Extended Insurance Plan</td>
<td>Just me</td>
<td>$3,269</td>
<td>$272.42 / month</td>
</tr>
<tr>
<td></td>
<td>Me and my spouse/partner</td>
<td>$6,927</td>
<td>$445.25 / month</td>
</tr>
<tr>
<td></td>
<td>Me and my dependent(s)</td>
<td>$4,389</td>
<td>$299.75 / month</td>
</tr>
<tr>
<td></td>
<td>Me, my spouse/partner, and my dependents</td>
<td>$8,047</td>
<td>$472.58 / month</td>
</tr>
</tbody>
</table>

4. Acceptance of terms

I understand that I am applying for coverage which ends after the period indicated above. I understand and agree to the enrollment guidelines. If I waive the Extended Plan, I have determined that my health insurance meets the minimum standards for health insurance. I agree to the rates as indicated for this enrollment period.

Student signature: ____________________________ Date: ____________
(month/day/year)

5. Submit this form:

- **By email**: Scan the form and any required, supporting documentation; attach and email to stuplan@med.mit.edu

- **In person**: Drop off the form and copies of any required, supporting documentation at the MIT Health Plans Office (room E23-308; M–F, 8:30 a.m. to 4:30 p.m.)
Family member information

If you are enrolling family members, please fill out their information below. You will need to show documentation of their relationship to you.

Spouse/Partner

spouse/partner last name
first name
middle initial
Date of birth: ___________ (month/day/year)
Social Security number: ____________________________
Gender: ☐ F ☐ M

Dependent

dependent last name
first name
middle initial
Date of birth: ___________ (month/day/year)
Social Security number: ____________________________
Gender: ☐ F ☐ M

Dependent

dependent last name
first name
middle initial
Date of birth: ___________ (month/day/year)
Social Security number: ____________________________
Gender: ☐ F ☐ M

Dependent

dependent last name
first name
middle initial
Date of birth: ___________ (month/day/year)
Social Security number: ____________________________
Gender: ☐ F ☐ M

Dependent

dependent last name
first name
middle initial
Date of birth: ___________ (month/day/year)
Social Security number: ____________________________
Gender: ☐ F ☐ M

Additional dependents

To add more dependents, please write their information on additional copies of this form, then submit all copies together.

Acceptable documentation

Spouse

- Marriage certificate showing your name and spouse’s name
- I-20 form (international students)

Spousal equivalent partner

- Completed Affidavit of Spousal Equivalent Partnership form — available at medical.mit.edu/forms-documents

Birth child

- Birth certificate showing child’s name and your name
- Birth announcement letter from the hospital where your child was born, showing child’s name and your name

Adopted child

- Adoption certificate showing child’s name, child’s birthdate, and your name

Stepchild (the child of your spouse or spousal-equivalent partner)

- Birth certificate, hospital-issued birth announcement letter, or adoption certificate showing child’s name, child’s birthdate, and your spouse/spousal-equivalent’s name and documentation of your spouse/partner’s eligibility, as described above

Child for whom you are the legal guardian

- Proof of legal guardianship and birth certificate

For more information about eligibility and documentation, see medical.mit.edu/student-family.