

2023–2024 MIT Student Health Insurance Plan (MIT SHIP) Enrollment Form for Eligible Non-Students

SHIP eligibility is based on your individual appointment. Contact your Human Resources officer for more information.

Department Name:

Department Pay

Self Pay

Department Contact:

last name

first name

»» Personal Information

last name first name middle initial date of birth (month/day/year)
 Social Security number MIT ID email address gender female male
 home address city, state, zip code phone

»» **Period of Coverage** from appointment start date to appointment end date

»» MIT Student Health Insurance Plan

FULL YEAR

September 1, 2023–August 31, 2024

QUARTERLY PAYMENTS

minimum of three months

	FULL YEAR	QUARTERLY PAYMENTS
individual	\$4,897	\$408.09/month
individual and spouse/partner	\$8,729	\$727.42/month
individual and dependent(s)	\$6,071	\$505.92/month
family (individual, spouse/partner, & dependents)	\$9,904	\$825.34/month

»» Family Information

If you are enrolling family members (partner, dependents, etc.), please fill out the information below. **A marriage certificate must be included when enrolling a spouse or partner, a birth certificate for a child, or a signed affidavit when enrolling a spousal equivalent.**

spouse/partner last name first name middle initial
 date of birth (month/day/year) Social Security number gender female male spouse/partner relationship spousal equivalent

child last name first name middle initial
 date of birth (month/day/year) Social Security number relationship daughter son

child last name first name middle initial
 date of birth (month/day/year) Social Security number relationship daughter son

»» 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 SHIP, 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.

»» Required Signature

signature

date

»» Submit this form:

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