

Student Enrollment Form 2018–2019

Student information

student last name _____ first name _____ middle initial _____ date of birth (month/day/year) _____

Social Security number _____ MIT ID number _____ email address _____ gender: F M

mailing address: number and street name _____ city, state, zip code _____ phone number _____

Family member information — *complete other side*

Plan selection & rates

Students are automatically enrolled in the [MIT Student Medical Plan](#) and the [MIT Student Extended Insurance Plan](#). You can also enroll your family in the [Student Medical Plan](#) or in [both plans](#). If you choose to waive your [Extended Plan](#) coverage, you must have additional insurance that meets state and federal standards.

Coverage period		Just you	You and your spouse/partner		You and your dependent(s)		You, your spouse/partner, and your dependent(s)		
Full year Sept. 1, 2018–Aug. 31, 2019 (12 months)	Included with tuition	<input type="checkbox"/> \$3,144	<input type="checkbox"/> \$1,536	<input type="checkbox"/> \$6,576	<input type="checkbox"/> \$768	<input type="checkbox"/> \$4,212	<input type="checkbox"/> \$2,304	<input type="checkbox"/> \$7,644	
Fall term only Sept. 1, 2018–Jan. 31, 2019 (5 months)	Included with tuition	<input type="checkbox"/> \$1,310	<input type="checkbox"/> \$640	<input type="checkbox"/> \$2,740	<input type="checkbox"/> \$320	<input type="checkbox"/> \$1,755	<input type="checkbox"/> \$960	<input type="checkbox"/> \$3,185	
Spring term only Feb. 1, 2019–Aug. 31, 2019 (7 months)	Included with tuition	<input type="checkbox"/> \$1,834	<input type="checkbox"/> \$896	<input type="checkbox"/> \$3,836	<input type="checkbox"/> \$448	<input type="checkbox"/> \$2,457	<input type="checkbox"/> \$1,344	<input type="checkbox"/> \$4,459	
Summer term only June 1, 2019–Aug. 31, 2019 (3 months)	Included with tuition	<input type="checkbox"/> \$786	<input type="checkbox"/> \$384	<input type="checkbox"/> \$1,644	<input type="checkbox"/> \$192	<input type="checkbox"/> \$1,053	<input type="checkbox"/> \$576	<input type="checkbox"/> \$1,911	
Early arrival (add-on)* Aug. 1, 2018–Aug. 31, 2018 (1 month)		<input type="checkbox"/> +\$127	<input type="checkbox"/> +\$377	<input type="checkbox"/> +\$254	<input type="checkbox"/> +\$648	<input type="checkbox"/> +\$190	<input type="checkbox"/> +\$463	<input type="checkbox"/> +\$317	<input type="checkbox"/> +\$734

* **New graduate and transfer students** arriving in Cambridge before the fall term may opt into the 2017–2018 health plans for the month of August. Freshmen are automatically enrolled in both plans for the month of August.

Blue columns: [Student Medical Plan](#) only

Red columns: [Student Medical Plan](#) + [Extended Plan](#)

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 _____

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, E23-308; M–F, 8:30 a.m. to 4:30 p.m.

Enrollment deadlines

Fall term:
August 31, 2018

Spring term:
January 31, 2019

Summer term:
May 31, 2019

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

Additional dependents

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

Open enrollment

You can enroll family members during one of these enrollment periods:

- **July 15–August 31, 2018** for fall term (coverage begins September 1, 2018)
- **December 15, 2018–January 31, 2019** for spring term (coverage begins February 1, 2019)

Family members will be re-enrolled every term, unless the student cancels the family member's enrollment.

Qualifying life events

Qualifying life events allow you to add family members to your plan outside of open enrollment periods. Examples of qualifying life events include:

- A family member loses other health insurance coverage.
- A family member arrives in the country for the first time.
- You have a baby, adopt a child, or become a legal guardian.

You must show documentation of the qualifying event and make any changes to your coverage within 30 days of the event. When you add a family member to your plan, their coverage starts on the first day of the month in which the qualifying event occurred. For more information, see medical.mit.edu/qualifying-events.

Cancellation policy

You cannot cancel coverage for yourself or family members until the next open enrollment period.

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



MIT Health Plan

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