

THE SCHOOL OF THE ART INSTITUTE OF CHICAGO

STUDENT HEALTH INSURANCE REQUEST FORM 2005–2006 ACADEMIC YEAR

I am requesting insurance coverage through the School of the Art institute of Chicago for the period indicated below during the 2005–2006 academic year. I understand that this request is only required if I am a domestic student enrolled in less than 12 credits in a given term. I also understand that my eligibility for insurance is based upon my enrollment as a degree or certificate student. I further understand that my student account will be charged as follows for this insurance coverage:

All Students:

\$739/semester

\$1478/year

Student Name _____ ID # _____

Are you an international student? Yes

Are you an Exchange student? Yes

If you are an International student, please complete the following:

a) Are you authorized for Optional Practical Training (OPT)? Yes No

b) Are you enrolled as a degree-seeking student at another institution? Yes No

Period of Coverage Requested:

Domestic Students

_____ Entire academic year (9/1/05 – 8/30/06)

_____ Fall semester only (9/1/05 – 1/25/06)

_____ Spring semester only (1/26/06 – 8/30/06)

International Students

_____ Entire academic year (8/15/05 – 8/14/06)

_____ Fall semester only (8/15/05 – 1/25/06)

_____ Spring semester only (1/26/06 – 8/14/06)

International and Exchange students should submit this form directly to the International Affairs Office, Room 512, 37 South Wabash Avenue, Chicago, IL 60603

Submit all copies of this completed form by September 14, for fall 2005 OR for full year coverage and by February 8, 2006 for spring 2006 coverage to:

**Student Accounts Office
ROOM 706
37 South Wabash Avenue
Chicago, IL 60603**

Student Signature

Date

Date Received _____ Staff _____ Date input _____ Staff _____

Term(s) covered. Fall 2005 _____ Spring 2006 _____