

**Student Health Insurance Enrollment Form – 2010-2011**  
**The fall deadline to Enroll is September 1<sup>st</sup>**

Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

CWID: A \_\_\_\_\_ Email Address: \_\_\_\_\_

F1 or J1 visa holder Y / N

I am registered for \_\_\_\_\_ credit hours

I affirm that I am requesting that student health insurance from IIT be added to my student tuition account at a cost of \$830. I understand that the effective period is from August 14, 2010 – August 13, 2011. I also understand that by having student health insurance this does not entitle me to an appointment at Student Health Services and that I am able to obtain a primary care physician from visiting docfind at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). I understand I am legally responsible for any medical expenses incurred during my enrollment at the University, and that Student Health Services will not be responsible for any of my medical expenses.

I've updated my local address, and I understand that my insurance card will be mailed beginning the 3<sup>rd</sup> week of September

I understand that this enrollment form will not be valid for each term that I am continuously enrolled in classes at IIT if I am registered for less than 12 credit hours or if I am a Graduate student registered for less than 9 credit hours, and that if I want to be enrolled in the Student Health Plan I will have to notify Student Health Services by completing this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please check your student account within the next 3 business days to verify that the health insurance charge has been added to your account.**

Date received \_\_\_\_\_ Received by \_\_\_\_\_ Date Completed \_\_\_\_\_ Approved Y/N