

BROWN UNIVERSITY



Box 1839, Providence, Rhode Island 02912

HEALTH INSURANCE GRADUATE/MEDICAL PAYMENT PLAN

The Health Insurance Graduate/Medical Payment Plan is an interest free contract that may be used by students when their only expense for the academic year is the student Health Insurance Fee. The plan allows students to finance the Health Insurance Fee in 4 or 8 monthly payments.

Application Fee

A non-refundable \$10.00 fee is charged to all students for each application.

Application Deadline

Students are urged to apply by August 1. Applications are not accepted after October 1.

Amount to Finance

The amount financed may not exceed the total charge of the current year's Health Insurance Fee.

Schedule of Payments

The first of the 4 or 8 monthly payments is due on October 1 and subsequent payments are due on the first day of each month thereafter.

Payment Plan Disbursement

Credits to the student's university account are made when Brown receives the signed Payment Plan Agreement and application fee. Credit for one half the total installment plan amount is applied each semester.

Default

Brown shall have the right to cancel the entire payment plan if any payment is overdue by 15 days or more.

Please accept this as my application for participation in the Health Insurance Graduate/Medical Payment Plan (please print).

1. STUDENT NAME _____ 2. BRU ID _____

3. ADDRESS _____

4. CITY _____ 5. STATE _____ 6. ZIP CODE _____

7. RESIDENCE TELEPHONE # _____ 8. BUSINESS TELEPHONE # _____

PAYMENT PLAN CALCULATION

9. HEALTH INSURANCE FEE TO BE FINANCED _____

10. PAYMENT PLAN APPLICATION FEE \$ 10. _____

11. MONTHLY INSTALLMENT (Line 9 divided by 4 or 8 months) _____

Terms and Conditions

I agree to enroll in the Brown University Health Insurance Graduate/Medical Payment Plan by completing, signing, and returning this application with the non-refundable application fee of \$10.00 and any installment payment due. I understand that all payments are due on the first day of each month and the first installment is due October 1.

I understand that if I fail to pay any installment within fifteen (15) days or more of the due date, Brown University shall have the right to terminate my participation in the plan and declare the entire unpaid balance on the student account payable immediately. I understand that if I default, I forfeit my right to participate in this plan at a future date.

I agree to the terms and conditions of this plan (signature) _____ Date _____