



**BROWN UNIVERSITY**  
**2009-2010 Student Health Insurance Plan**  
**Leave of Absence Enrollment Application**

**BROWN**

**Policy:** The University allows eligible students, who so elect, to continue enrollment under Brown's Student Health Insurance Plan while on an approved leave of absence for a maximum of one year.

**Eligibility requirements:**

- Student must be **currently** enrolled in the University's Student Health Insurance Plan
- Student must provide a copy of the leave of absence verification form signed by a dean or an advisor
- Student intends to return to the University and remain a degree-seeking candidate

**Procedure:**

- Complete and submit this enrollment application with an approved copy of the leave of absence verification form to University Health Plans, Inc., **no later than August 15, 2009 to ensure timely enrollment.**
- Include payment of \$2,348.00 for coverage effective August 15, 2009 to August 15, 2010

**Application and Payment:**

Name \_\_\_\_\_ Brown Banner ID \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
 mm/dd/yy

Make check payable to: Nationwide Life Insurance Company, or pay by credit card: Visa \_\_\_\_ MasterCard \_\_\_\_

Name (as it appears on the credit card) \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount \_\_\_\_\_ Signature \_\_\_\_\_

If paying by check:

Please submit this enrollment application and check made payable to Nationwide Life Insurance, Company, to:

University Health Plans, Inc.  
 One Batterymarch Park  
 Quincy, MA 02169-7454  
 1-800-437-6448

***Enrollment applications received after 8/15/2009 may not be processed.***

**Notice to Students:**

*By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) He/She meets the eligibility requirements for this coverage in the brochure; 3) If it is later determined that the student is not eligible, the premium will be refunded; 4) Other than for eligibility reasons, the premium is not refundable.*

*I also understand that I am only eligible to continue on Brown University's Student Health Insurance Plan for a maximum of one year while I am on a leave of absence.*

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

**Please keep a copy of this form for your records.**