

**SCHOOL OF VISUAL ARTS  
CONTINUATION OF ENROLLMENT FORM FOR STUDENTS  
AND THEIR DEPENDENTS**

**Eligibility:** All Insured Persons under the school's 2016-2017 Student Health Insurance Plan who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than 90 days under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SVA ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If you are enrolling Dependents, list Dependents to be insured below.  
Dependent coverage is available ONLY if the student is also insured under the Plan.**

	Last Name	First Name	MI	Date of Birth	Gender
Spouse:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____

Please check the period of coverage desired:

Period of Coverage	Student Only	Spouse	Child
1 Month – 8/25/17 – 9/24/17	_____ \$476	_____ \$476	_____ \$476
2 Months – 8/25/17 – 10/24/17	_____ \$952	_____ \$952	_____ \$952
3 Months – 8/25/17 – 11/24/17	_____ \$1,428	_____ \$1,428	_____ \$1,428

**\*PLEASE NOTE: The Continuation Privilege will allow you to purchase up to a maximum of 3 consecutive months. Include full payment based on the coverage selected and the number of months chosen. Payment will not be accepted on a month-to-month basis. Incorrect payment amounts will be returned and no coverage will be in effect.**

Make your check or money order for the total applicable premium listed above payable to **AIG**. Please return this form along with payment to: **University Health Plans, Inc., One Batterymarch Park Quincy, MA 02169.**

**NOTICE TO STUDENT:**

If You want to continue coverage, You must request continuation from Us in writing and make Premium payment no later than August 24, 2017.

Coverage is effective immediately following the expiration of the regular student plan and must be purchased no later than the expiration date of your student coverage. If premium is not received by that date, the premium will be refunded and you will not be enrolled in the continuation plan. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_