



5. Notice to Student (Signature required)

If you are on an authorized leave of absence and meet the eligibility requirements for Student Health Insurance Program, you may enroll in the Program for a period no longer than 12 consecutive months. **You must attach a copy of the approved leave of absence form issued by the Dean's office. International students must also obtain and include written authorization from the Office of International Student and Scholars. GSHIP students must complete the GSHIP Application.** Students on an approved Leave of Absence for the Annual 2008 – 2009 or Fall 2008 terms may enroll in either the Basic or Comprehensive Plan regardless of previous Plan participation. Students on an approved Leave of Absence for the Spring/Summer 2009 term must have been enrolled in the NYU Student Health Insurance Plan for the Fall 2008 term and **must select the same coverage, either Basic or Comprehensive, as they were previously covered under.**

Applications for the Annual or Fall periods **must** be postmarked by **September 30, 2008**. Applications and premium received after **September 30, 2008** will **not** be processed and the applications and premium remittance will be returned. Applications for the Spring/Summer period **must** be postmarked by **February 10, 2009**. Applications and premium received after **February 10, 2009** will **not** be processed and the applications and premium remittance will be returned. **Once the deadline has passed there are no refunds available except for students entering the armed forces of any country or students who are returning to classes.**

I have carefully read the 2008-2009 NYU Student Health Insurance Handbook and elect to enroll as indicated. Rates are not prorated other than as listed. I permit the University to provide Aetna Student Health with my enrollment status for purpose of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and my dependent(s) coverage can be made void. I understand that if it is later determined that I am not eligible; the premium will be refunded, unless a claim has been filed, but the premium is not refundable for reasons other than eligibility.

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