

Off Campus

FALL

Enrollment Deadline
 September 12, 2008

For Spring/Summer coverage, enrollment deadline is January 30, 2009.

(Please print)

STUDENT INFORMATION

Student Name:

Last First M.I.

USC I.D. #: - - Social Security #: - -

Local Street Address:

City: State: ZIP:

Local Telephone #: () Date of Birth: Sex: Female Male

Email:

For each of the following sections, please check the box that describes your academic status:

- Undergraduate
 Graduate
 Online Student (DEN)
 Orange County
 Skirball
 Other
 International
 Domestic

ENROLLMENT INFORMATION

Yes, I wish to enroll myself in the USC Student Health Insurance Off-Campus Plan for Fall semester coverage. Cost: **\$508**

RE-ENROLLMENT PROVISIONS: I UNDERSTAND THAT COVERAGE IS NOT AUTOMATICALLY RENEWED IN THE OFF-CAMPUS PLAN. I ACKNOWLEDGE THAT I MUST ENROLL BY THE DEADLINE DATE FOR EVERY SEMESTER IN WHICH I WANT TO CONTINUE COVERAGE IN THE OFF-CAMPUS PLAN. I ALSO UNDERSTAND THAT TO BE ELIGIBLE, I MAY NOT ATTEND ANY CLASS ON CAMPUS. IT IS MY RESPONSIBILITY TO CHECK MY FEE BILL FOR THE CORRECT INSURANCE CHARGE AND TO NOTIFY THE INSURANCE OFFICE OF MY DESIRE TO BE ENROLLED IN THE OFF CAMPUS INSURANCE PLAN.

Cancellation of Coverage: I understand that I can cancel my coverage within 10 days of the effective date of coverage by submitting a request for a cancellation, **in writing**, to the Insurance Office. A \$15 service charge for processing the cancellation will be deducted from my refund. I understand that under no circumstances will a cancellation refund be provided if I have filed a claim.

Coverage does not begin until the effective date of the policy or the date of the application, whichever is later.

Arbitration Agreement: Any dispute connected with a Blue Cross *plan or an affiliate* ("Blue Cross"), whether related to the agreement of or cancellation of care, or the relation to care or its delivery, must be resolved by arbitration if the amount sought exceeds the jurisdictional limit of the small claims court. By agreeing to arbitration, the member and Blue Cross acknowledge that they surrender their right to a court trial by jury and also agree to relinquish their right for class arbitration against each other. Arbitration findings will be final and binding unless California or Federal Law provides for the judicial review of the arbitration proceedings.

Acknowledgment of Understanding: I have read and understood the provisions outlined on this form. All information on this form is correct and true. I understand that it is the basis on which coverage may be insured under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded. My signature below constitutes agreement with the terms.

Signature: _____

Date: _____

For Student Insurance Office Use Only

Accepted: _____

Input: _____

Group #: _____

