



Health Enrollment Form

Policy Period: August 18, 2008 – January 11, 2009

FALL

Enrollment Deadline
September 12, 2008

(Please print)

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

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:

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> University Park Campus	<input type="checkbox"/> Health Sciences Campus	<input type="checkbox"/> Hebrew Union		
<input type="checkbox"/> International	<input type="checkbox"/> Domestic	<input type="checkbox"/> RA	<input type="checkbox"/> GA	<input type="checkbox"/> TA	<input type="checkbox"/> PDF	<input type="checkbox"/> DEN

ENROLLMENT INFORMATION

Yes, I wish to enroll myself in the USC Student Health Insurance Plan for fall semester coverage. Cost: **\$324**

RE-ENROLLMENT PROVISIONS: I UNDERSTAND THAT IF I AM ENROLLED IN LESS THAN 6 UNITS DURING ANY SEMESTER, **COVERAGE IS NOT AUTOMATICALLY RENEWED.** I MUST ENROLL MYSELF BY THE DEADLINE DATE AT THE BEGINNING OF ANY SEMESTER IN WHICH I AM ENROLLED IN LESS THAN 6 UNITS. IT IS MY RESPONSIBILITY TO CHECK MY FEE BILL FOR AN INSURANCE CHARGE/ENROLLMENT.

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 #: _____

