Request for Non-Student Eligibility for University Student Health Insurance

This form should be completed by individuals who: (1) are not eligible for the University of Hawaii (UH) Student Health Insurance Plan as a student, (2) will be affiliated with UH and enrolling in the plan for at least 3 months, (3) will not be receiving a salary from UH (a stipend is allowable), and (4) will not be offered other health benefits from UH.

You must enroll within 15 days of your start date with UH, or must wait for the annual open enrollment period in July/August. Similarly, dependents must enroll within 15 days of their arrival in Hawaii or must wait until the annual open enrollment period.

International applicants: It is strongly recommended that you apply prior to your arrival here at UH to prevent any delays in insurance coverage.

Important: Once you end your affiliation (program, research) with UH, you will no longer be eligible for this insurance plan. Your coverage will terminate as of your last day with UH.

Instructions:

1. If more than one person requires coverage, the sponsoring university unit should coordinate and submit all requests as a group.
2. Attach a copy of documentation verifying at least a 3 month stay and non-salaried affiliation with the University of Hawaii
   a. *J-1s:* DS-2019 document and either your UH departmental invitation letter, or UH FMIS Form 36 (with start and end dates)
   b. *All others:* your UH departmental invitation letter, or UH FMIS Form 36 (with start and end dates)
3. Complete and sign this form and fax, mail or email these documents to:

   Student Health Insurance Coordinator
   2600 Campus Road, QLC Room 313 D
   Honolulu, Hawaii 96822

   Fax: (808) 956-6371

   Email: syoda@hawaii.edu
4. You will receive a Notice of Decision within 2 weeks along with detailed instructions on how to enroll and where to send your application/payment. **Note:** *This Notice does not serve as confirmation of coverage, only eligibility to enroll. Any requirements for confirmation of coverage following enrollment in the plan should be coordinated directly with the plan provider.*

Complete the following (print legibly)

Full name: _____ Email: _____

Mailing address: _____

Affiliated/Sponsoring university program: _____

Name of program contact: _____ Phone #: _____ Email: _____

Period of coverage* _____ to _____
Start of stay (month/day/year) End of stay (month/day/year)

* Under the 2009 - 2014 student plan, the cost for coverage is prorated based on start and end dates of stay. While your rate will be prorated to your actual start date, you will be required to pay through the end of the semester in which you begin your coverage. If your UH affiliation ends before the end of the semester, notify the Student Health Insurance Coordinator at least one month prior to your end date so that the cancellation and refund process can begin. Once HMSA is notified of the termination date, a refund for coverage paid for but not used will be processed and mailed.

To the best of my knowledge, the above information is accurate.

Signature _____ Date _____
(signature of the individual applying)