

# SHIP ENROLLMENT FOR DEPENDENT(S) 2023-2024

Please return by \_\_\_\_\_

Complete, sign, and return this form to:  
FSA Services: studenthealthinsurance@stonybrook.edu  
Questions? Call: 631-632-6054



Full Name \_\_\_\_\_  
(Student Last Name) (Student First Name)

SBU ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
(Month, Day, Year)

Address \_\_\_\_\_  
(Street) (Town/City) (State) (Zip)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
(Area Code)

Check boxes that apply to **STUDENT** enrollment already completed:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Medical student | <input type="checkbox"/> Nursing              | <input type="checkbox"/> Other Graduate Program _____           |
| <input type="checkbox"/> first year      | <input type="checkbox"/> Dental               | <input type="checkbox"/> Undergraduate                          |
| <input type="checkbox"/> second year     | <input type="checkbox"/> Dental Post-Graduate | <input type="checkbox"/> IEC                                    |
| <input type="checkbox"/> third year      | <input type="checkbox"/> Health Technology    | <input type="checkbox"/> full time; # of semester credits _____ |
| <input type="checkbox"/> fourth year     |   |   |
| <input type="checkbox"/> Fall 2023       | <input type="checkbox"/> Spring/Summer 2024   |   |

## DEPENDENT(S)

Spouse\*\* name: last, first \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

Child's name: last, first \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

Child's name: last, first \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

Child's name: last, first \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

(for more entries, use reverse of form)

\*\* If domestic partner, contact the Health Insurance Office for a special questionnaire that must be completed.

### CHECK OFF APPLICABLE BOX(ES): DO NOT SEND IN PAYMENT AT THIS TIME

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Spouse/Partner     | <input type="checkbox"/> Fall \$2,206.65 (Eff: ____ Prorate: \$____) | <input type="checkbox"/> Spring/Summer \$3,071.85 (Eff: ____ Prorate: \$____) |
| <input type="checkbox"/> 1 Child            | <input type="checkbox"/> Fall \$2,206.65 (Eff: ____ Prorate: \$____) | <input type="checkbox"/> Spring/Summer \$3,071.85 (Eff: ____ Prorate: \$____) |
| <input type="checkbox"/> 2 or more children | <input type="checkbox"/> Fall \$4,413.30 (Eff: ____ Prorate: \$____) | <input type="checkbox"/> Spring/Summer \$6,144.00 (Eff: ____ Prorate: \$____) |

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### For FSA Office Use Only

Insurance Office Initials \_\_\_\_\_ Faxed to FSA \_\_\_\_\_

Initials \_\_\_\_\_ Date Entered \_\_\_\_\_