

**SOUTHERN METHODIST UNIVERSITY  
2012-2013 CONTINUATION OPTION  
STUDENT HEALTH INSURANCE ENROLLMENT FORM**

**Blue Cross and Blue Shield of Texas  
101227-12**

SMU students presently enrolled in the Student Health Insurance Plan are eligible for Continuation of Coverage underwritten by Blue Cross and Blue Shield of Texas. Continuation of Coverage is only available to a Covered Student who has graduated or is otherwise ineligible for coverage under the Student Health Insurance Plan and has been continuously insured under the Student Health Insurance Plan for at least six (6) months. **Eligible Covered Students may be covered for up to six (6) months provided that: 1) a written request for continuation has been forwarded to Academic HealthPlans within 31 days prior to the termination of coverage and 2) a premium payment has been made. Coverage under this provision ceases on the date this Policy terminates.** This Option is also available to Dependents of the Covered Student provided: **1)** the Covered Student elects coverage under this Option; **2)** Dependents were covered under the Prior and/or Current Plan on the date coverage would otherwise end; and Dependents enroll for the same period of coverage as the enrolled Covered Student. Newborn children born after the termination date of the Plan are **not eligible** for Continuation of Coverage.

Continuation of Coverage is in effect from the date coverage under the Student Health Insurance Plan expires if the completed Enrollment Form and applicable premium are received prior to the Covered Person's termination date, and continues until the end of the period for which premium is paid. *The premium must be received before the existing coverage under the Student Health Insurance Plan terminates. In no event will the Covered Person be eligible for Continuation of Coverage, if premium is received after the termination date of the Policy. The period of coverage must be selected and the total premium must be paid at the time of enrollment. There is no renewable option, and no refunds are available.*

**COVERAGE:**

For a full description of covered benefits, definitions, and exclusions, please refer to the 2012–2013 Student Health Insurance Plan Brochure or to the Policy. Brochures are available online at **www.ahpcare.com/smu**.

<b>Student's Name</b>		First	Middle Initial	Last	
<b>Local Mailing Address</b>		Street or P.O.Box	City	State	Zip Code
<b>Permanent Address</b>		Street or P.O.Box	City	State	Zip Code
<b>Email</b> <small>(A confirmation email will be sent upon enrollment)</small>			<b>Cell or Telephone Number ( ) —</b>		
<b>Male</b>	<b>Female</b>	<b>Date of Birth</b> <small>(Month/Day/Year)</small>	<b>SSN</b>	<b>School ID #</b>	
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**Dependent Information:**

	First Name	MI	Last Name	Date of Birth (M/D/Y)	Gender (M/F)	Social Security #
Spouse				/ /		— —
Child				/ /		— —
Child				/ /		— —

**PERIOD OF COVERAGE REQUESTED**

Coverage	Six Months
Student	\$ 1,844
Spouse	\$ 4,684
All Children	\$ 1,760

**PAYMENT INFORMATION**

Check #	Check Amount \$
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**PREMIUM PAYMENT INSTRUCTIONS:** Make check or money order payable to Blue Cross and Blue Shield of Texas in **U.S. Dollars**. Mail this completed Enrollment Form along with premium payment to **Academic HealthPlans, P.O. Box 1605, Colleyville, TX 76034-1605** prior to the termination date of your coverage. Your cancelled check is your only receipt and notification of coverage.

I am a student at Southern Methodist University. I am presently insured under the Student Health Insurance Plan and wish to enroll for Continuation Coverage. I have read the brochure and elect to enroll myself (and my dependents, if applicable) as shown above.

**Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Student or Parent if Student is under age 18)