

**VOLUNTARY ENROLLMENT FORM
STUDENT ACCIDENT AND SICKNESS INSURANCE
FARMINGDALE STATE COLLEGE
ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS 2017-2018**

Student's Name: _____ RAM ID# _____
(Please Print) (Last) (First) (MI)

Home Address: _____
(Street) (City) (State) (Zip)

- ANNUAL COVERAGE- 8/16/17 to 8/15/18-** I choose to purchase this plan for the full year specified for a premium of **\$2,450.**
- SPRING SEMESTER- 1/26/18 to 8/15/18 -** I choose to purchase this plan for the spring semester specified for a premium of **\$1,355.**

My signature is confirmation of my understanding and acceptance that payment for the plan I choose to purchase is due at the time of enrollment.

Signature: _____ Date: _____

RETURN TO: Farmingdale State College, Student Account Office no later than September 13, 2017 for annual enrollment or February 15, 2018 for Spring enrollment. After open enrollment period ends on September 13, 2017 students with a qualifying event may enroll directly through Consolidated Health Plans at www.chpstudent.com or call 1-800-633-7867. Students with eligible financial aid must speak with student insurance representative in the health and wellness center.

Policy No. AIIC1718NYSHIP42

The following summary highlights the Accident and Sickness Insurance Plan for the students of Farmingdale State College. Please consult the policy brochure available at the Auxiliary Services Office and Student Health & Wellness Center for a complete description of the policy benefits and exclusions.

ACCIDENTAL DEATH & DISMEMBERMENT EXPENSE BENEFIT

Principle Sum: \$1,000

ACCIDENT AND SICKNESS EXPENSE BENEFIT This plan provides 24 hour world wide coverage for Covered Accident & Sickness as allocated below:

	<u>In-Network</u>	<u>Out-of-Network</u>
Aggregate Maximum:	Unlimited	Unlimited
Deductible- per policy year	\$150	\$600
Benefits are payable at the following covered percentage- each covered injury or sickness after copay	80% of PA	60% of R&C

The following Accident & Sickness Benefits are allocated as follows:

Inpatient Hospital Room and Board	Covered percentage listed above after \$500 copay per confinement
Inpatient Hospital Miscellaneous	Covered percentage listed above
Surgical Treatment	Covered percentage listed above
Outpatient Physician Visits	Covered percentage listed above, after \$25 copay per visit; 1 visit per day
Outpatient Emergency Room	Covered percentage listed above; after \$150 copay per visit; copay is waived if admitted; in-network deductible applies
Outpatient Prescription Drugs (30 day supply per prescription)	In and Out-of-Network covered 80% R&C; after \$25 copay Tier 1, \$50 copay Tier 2 and \$75 copay Tier 3.