

New York University

**2020-2021 Basic & Comprehensive Student Health Insurance
Plan Leave of Absence Enrollment Form – Spring 2021**

1. Complete all Student information. Incomplete information will delay processing!

Student Name: _____
Last Name _____ First Name _____ MI _____
Student ID (N) Number#: _____ Email Address: _____
Mailing Address: _____ Apt# _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Date of Birth: _____
mm/dd/yy Gender: Male Female

2. Select Enrollment Period

Basic Plan	Spring: 01/09/21—08/20/21 Deadline: 2/10/21	Comprehensive Plan	Spring: 01/09/21—08/20/21 Deadline: 2/10/21
1. Student	<input type="checkbox"/> \$2,237.00	1. Student	<input type="checkbox"/> \$2,487.00
2. Spouse/Domestic Partner/Child/Children	\$2,237.00	2. Spouse/Domestic Partner/Child/Children	\$2,487.00

3. Dependent Enrollment Process

Dependents can enroll online using Wellfleet Student's online Dependent Enrollment link at www.wellfleetstudent.com/nyu. Dependents must enroll for the same time period as the covered student unless there is a qualifying life event. They must also enroll in the same plan as the covered student. Dependent enrollment is completed and paid separately from the student.

If you have any questions concerning this form please call (212) 443-1020.

PLEASE SIGN THE SECOND PAGE OF THIS FORM. WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION. →

4. Notice to Student (Signature required)

If you are on an authorized leave of absence and meet the eligibility requirements for the Student Health Insurance Program, you may enroll in the Program for a period no longer than 12 consecutive months, on a semester basis. **You must attach a copy of the approved Leave of Absence form issued by the Dean's office, Registrar or Academic Advisor. International students must also obtain and include written authorization from the Office of International Student and Scholars.** Students on an approved Leave of Absence for the spring 2021 term may enroll in either Basic or Comprehensive Plan but must continue in the same plan if previously enrolled for the fall 2020 term.

Spring

Applications for the Spring period **must** be received or postmarked by **February 10, 2021**. Applications received after **February 10, 2021** will **not** be processed and the applications will be returned.

I have carefully read the 2020-2021 NYU Student Health Insurance Brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. I permit the University to provide Wellfleet Student with my enrollment status for purpose of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and my dependent(s) coverage can be made void. I understand that if it is later determined that I am not eligible, the premium will be refunded, unless a claim has been filed, the premium is not refundable for reasons other than eligibility.

Signature: _____ Date: _____

Please e-mail this form to:

Wheeler Zimmerman (wheeler.zimmerman@nyu.edu)

**New York University
Student Health Insurance Department
(212) 443-1020**