2020-2021

OPT Enrollment Form

NEW MEXICO STATE UNIVERSITY

INTERNATIONAL STUDENT INSURANCE PLAN

Complete the information below. Please print clearly and answer <u>all</u> questions, then mail to the address listed below prior to the applicable enrollment deadline date (*must be postmarked on or before the deadline date*). Incomplete forms will not be accepted. **For questions about enrollment, please contact Relation Insurance Services at (800) 537-1777.**

NOTE: You must submit (within 30 days from loss of coverage of your previous insurance termination date) either a copy of the second page of your I-20 which lists your OPT dates, or your Employment Authorization Card, or an official letter from the school stating your Optional Practical Training (OPT) dates along with this enrollment form.

ENTER STUDENT IN	FORMAT	ION:														
STUDENT'S LAST NAME						STU	STUDENT'S FIRST NAME						1	MI		
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR P.O. BOX #)													,	APT/UNIT #		
CITY										STAT	E	ZII	P			
STUDENT'S DATE OF BIRTH (MM/DD/YYYY)					☐ FEMAI	E STU	DENT'S PH	ONE NUMI	BER	STUE	STUDENT'S SCHOOL ID NUMBER					
STUDENT'S EMAIL ADDRESS											OK TO CONTACT YES YOU VIA EMAIL? NO					
ARE YOU AN STUDENT? INTERNATIONAL NO						INTRY OF	REGULA	R DOMICIL	E?	PASSPORT VISA TYPE:						
F PURCHASING DEI WANT MY INSURAN ELECT THE COVER	NCE TO S	TART (ON	MONTH	D	PΑΥ	YEAR	_ AND	CONTINU	JE FOR A						
STUDENT	AGE TO	7 44151	\$ 130		LANDO	ALCOLA		TOTAL	JIIAKOL							
☐ SPOUSE/DOMESTIC PARTNER \$ 447.00																
									PLEASE	SE NOTE:						
☐ TWO OR MORE CHILDREN				These rates are valid for coverage that has an effective d August 1, 2020 and until July 31, 2021.								ate on or after				
TOTAL MONTHLY COST			= \$													
NUMBER OF MONTHS							cost of	st of coverage includes insurance premium and administrative fees.								
TOTAL A	- +-	-		-												
F ENROLLING DEPE DEPENDENTS MAY E REMIT PAYMENT IN DR COMPLETE CRE	BE ENROL I U.S. FUN	LED II	N THE PL NLY. MA	.AN ONI	LY IF THE	E STUDEI	NT IS AI	SO ENR	OLLED II	N THE P		NCE SE	RVICES	<u> </u>		
CREDIT CARD AUTHORIZA	ATION: CHA	RGE WIL	L APPEAR	AS "STUD	ENT HEALT	H INSURAN	ICE, RELA	TION" ON	OUR CRE	DIT CARD E	BILL.	1				
CREDIT CARD #																
NAME OF CARDHOLDER (PLEASE PRINT)							CHARGE AMOUNT: \$			EX	EXPIRATION DATI					
By signing below New Mexico State	e Unive								listed a	bove fo	or the c	overag	je I hav	ve sele	cted un	de
SIGNATURE OF CARDHOL																
SIGNATURE OF CARDHOL STUDENT SIGNATU certify that I am enro nformation contained	olled in Op															



MUST BE POSTMARKED BY THE APPLICABLE DEADLINE DATE.

Relation Insurance Services /1/

OPT Enrollment Form (continued)

IF ENROLLING DEPENDENTS, COMPLETE DEPENDENT INFORMATION BELOW:

LAST NAME	FIRST NAME	МІ	DATE OF BIRTH (MM/DD/YYYY)	GENDER
SPOUSE/DOMESTIC PARTNER				☐ FEMALE ☐ MALE
CHILD				□ FEMALE □ MALE
CHILD				□ FEMALE □ MALE
CHILD				□ FEMALE □ MALE
CHILD				□ FEMALE □ MALE

DEPENDENTS MAY BE ENROLLED IN THE PLAN ONLY IF THE STUDENT IS ALSO ENROLLED IN THE PLAN. Dependents must be enrolled on the date the student enrolls or within 31 days of marriage, birth, adoption or placement for adoption, arrival in the U.S., or ineligibility under another creditable coverage.

Newly acquired dependents (spouse and/or children) are not subject to the enrollment deadline dates. However, enrollment and premium payment for all newly acquired dependents (spouse and/or children) must be submitted within 31 days of marriage, birth, adoption or placement for adoption, or arrival in the U.S. (Proof of date of arrival in the U.S., birth, adoption, or marriage may be requested). **Otherwise, enrollment cannot be accepted after the enrollment deadline dates.**

No-Cost Language Assistance Services:

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or (844) 268-2686. For further help, call the CA Department of Insurance at (800) 927-4357.

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.



Revised May 27, 2020 10:06 AM

Relation Insurance Services