

You must submit this form to SUNY Polytechnic Institute every semester. The completed form indicates your intention to enroll in medical insurance and receive coverage or decline the insurance and have no coverage.

**Failure to submit the form to SUNY Poly every semester will result in the discontinuation of your medical insurance. If your medical insurance is discontinued or you otherwise have no coverage for 30 days or more, you will not be eligible to resume coverage later. You would then have to pay out of pocket for all medical expenses.**

**Submission Deadlines:**      Fall semester: September 15<sup>th</sup>      Spring semester: February 1<sup>st</sup>  
Student Name (Please print): Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student ID #: U00 \_\_\_\_\_ Note: Your Visa Type must be F1

Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current Phone #: \_\_\_\_\_

Mailing Address:      Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Write in the year and then circle the **ONE** semester for which you are requesting/declining medical insurance coverage:  
Year: \_\_\_\_\_ Fall Spring

**Circling more than one semester above will invalidate this form and you will not receive medical insurance.**

*This section must be completed by the Deputy Director, International Admissions & Student Services (or designee) prior to submission.*  
Actual OPT Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Actual OPT End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Approved OPT Extension Dates: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
*Signature: Deputy Director, International Admissions & Student Services or designee      Date*

**Check only ONE:**

I, the undersigned student, **request insurance coverage** for the above-referenced semester. I understand that I will be billed the appropriate insurance premium and will make payment on my Banner student account upon notification that coverage is in place.

I, the undersigned student, **decline insurance coverage** and do not need insurance for the above-referenced semester. I understand that if there is a lapse in insurance coverage, I will no longer be eligible for future coverage through the GeoBlue plan. I understand that for any premiums paid but not used, a refund will be issued using the same method as original payment (i.e. credit card payments will be refunded to the card charged, check payments will be issued refund checks - please verify the correct mailing address for refund checks).

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

**Questions? Please call Student Accounts at 315-792-7412**

**Submit completed form to: Student Accounts Office \* [bursar@sunyit.edu](mailto:bursar@sunyit.edu) \* fax: 315-792-7802**

*Spaces below this line are for Student Financial Services Office staff use only*

GeoBlue Entry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ GeoBlue invoice \$: \_\_\_\_\_

Banner Invoice Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Banner Invoice \$: \_\_\_\_\_

Notification Email sent Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Notes: \_\_\_\_\_

***Completion of this form:***

This form must be completed every semester to ensure you continue to receive/decline the medical insurance. Failure to complete the form will result in your insurance being terminated. If there is a lapse in coverage for more than 30 days, you will no longer be eligible to receive the medical insurance for any future semester.

***Why do you need the insurance?***

The State University of New York mandates that all International students on F1 Visas attending a SUNY institution purchase the International Student Health Insurance provided by the SUNY system.

***Health Service Fee vs. International Medical Insurance Fee***

**Health Services Fee** - All students pay the Health Services Fee for services at the Health and Wellness office as well as the Counseling Center. The amount of the fee is based on the student's registered credit hours.

**International Medical Insurance** - An insurance premium that provides a comprehensive medical insurance plan for SUNY Poly students and allows the student access to health care in the community.

***Contact Information:***

It is very important to have current and up to date information in the Banner system so we may contact you. Medical Insurance cards will be mailed to the address that you have provided. You can also access your insurance account online to obtain information regarding claims, coverage, eligibility or an online ID card. Changes in coverage that result in a refund of your premium will be mailed to the address provided in Banner via check or, if paid by credit card, a credit will be issued to the card used at time of payment.

***Helpful Links:***

Health and Wellness office - [https://sunypoly.edu/health\\_wellness/?cms=webace](https://sunypoly.edu/health_wellness/?cms=webace)

Counseling Center - <https://sunypoly.edu/counseling-center/>

GeoBlue (Insurance plan and coverage information) - <https://www.geobluestudents.com/>