

Spring/Summer 2012 Insurance Request Form

Name: _____ LSUID: 89- _____
Please Print (Last Name, First Name)

DEADLINE TO COMPLETE AND TURN IN FORM: Thursday, February 2, 2012

I AUTHORIZE INTERNATIONAL SERVICES (I.S.) TO MAKE THE FOLLOWING ADDITION(S) TO MY FEE BILL FOR THE SPRING/SUMMER SEMESTERS.

PLEASE READ ALL INFORMATION BEFORE FILLING OUT!

IF YOU ARE IN F VISA STATUS and you enrolled in the ENHANCED insurance plan for the Fall 2011 semester, you will be automatically charged for the same plan in the Spring/Summer 2012 semester (you cannot upgrade/downgrade/change your plan until Fall 2012). ONLY NEW INCOMING SPRING 2012 students may enroll in the Spring/Summer 2012 ENHANCED insurance plan. If you added dependents in the Fall 2011 semester, you MUST add them again to your Spring 2012 request for insurance. By law, dependents cannot be automatically continued on your plan.

IF YOU ARE IN J VISA STATUS, you must only enroll in the BASIC plan based on the United States Department of State regulations. If you have dependents, you MUST also add them to your Spring 2012 plan, according to the United States Department of State regulations.

*****NOTE: Only Graduate Students holding a full-time (50% effort) assistantship will be eligible to receive the Graduate Assistant discount. (Insurance must be purchased each semester and NOT annually to receive the discount).***

Additional enrollment for the Spring/Summer 2012 semesters (January 6, 2012 – August 13, 2012):

- Student BASIC PLAN (up to \$50,000) - \$531 + \$8 repatriation (\$181 + \$8 repatriation **** Eligible Graduate Asst.**)
- Spouse BASIC PLAN (up to \$50,000) - \$981 + \$8 repatriation
- Child(ren) BASIC PLAN (up to \$50,000) - \$981 + \$8 repatriation per person
- Spouse & Child(ren) BASIC PLAN (up to \$50,000) - \$1,953 + \$8 repatriation per person

- Student ENHANCED PLAN (up to \$250,000) - \$657 + \$8 repatriation (\$307 + \$8 repat. **** Eligible Graduate Asst.**)
- Spouse ENHANCED PLAN (up to \$250,000) - \$1,197 + \$8 repatriation
- Child(ren) ENHANCED PLAN (up to \$250,000) - \$1,197 + \$8 repatriation per person
- Spouse & Child(ren) ENHANCED PLAN (up to \$250,000) - \$2,385 + \$8 repatriation per person

You MUST sign and/or complete reverse side

Please print the name and date of birth for each dependent below: To avoid duplicate charges, please indicate if any dependents are also university students.

Name: _____ **Gender :** _____ **D.O.B.** _____
(Last Name, First Name)

Name: _____ **Gender:** _____ **D.O.B.** _____
(Last Name, First Name)

Name: _____ **Gender:** _____ **D.O.B.** _____
(Last Name, First Name)

If you would like to have you insurance fees payroll deducted or included in your deferred payment, you must see Bursar Operations, 125 Thomas Boyd Hall.

Signature: _____ **Date:** _____