SOUTHERN METHODIST UNIVERSITY

INTERNATIONAL ACADEMIC EMERGENCY SERVICES
2014-2015 FALL ENROLLMENT FORM

Southern Methodist University International Students are required to have Medical Evacuation and Repatriation benefits. International Students can enroll for the stand-alone Academic Emergency Services benefits as long as you can provide proof of medical insurance coverage that is comparable to the Southern Methodist University Student Health Insurance Plan. The Academic Emergency Services benefits include Medical Evacuation, Repatriation, Accidental Death and Dismemberment and Travel Assistance. The cost for Academic Emergency Services includes premium for benefits underwritten by On Call International.

Students can enroll in the stand-alone International Academic Emergency Services by completing the information required below. This form must be completed in its entirety, signed and returned to:

ACADEMIC HEALTHPLANS PO BOX 1605 COLLEYVILLE, TX 76034

Student's Name	First		Middle Initial		Last		
Permanent Address	Street or P.O.Box		City		State	Zip Code	
Email *(A confirmation email will be sent to this address)*			**Cell or Telephone Number** ( ) —				
Male		**Female**		**Date of Birth** (Month/Day/Year) / /	**SSN** – –	**Student ID Number**	

	YES	*I want to purchase the stand-alone Academic Emergency Services coverage. I have **attached proof of my comparable medical insurance coverage** that will cover me throughout the entire time that I am a student at Southern Methodist University.*

Payment Information

For coverage from 08/13/14 through 01/09/15

	Please charge my credit card for $48.00						
		Visa		MasterCard		Discover	
	Credit Card Number						
	Expiration Date	/					
	Printed Name of Cardholder						
	Authorized Charge Amount	$					
	I hereby authorize Academic HealthPlans to deduct the total amount due from my credit card.						
	Signature of Cardholder						
	Date	/ /					

Check enclosed for $48.00 made payable to:
Academic HealthPlans
Check Number
Check Amount
$

I certify that I am currently participating in the insurance policy listed on the attached copy of my health insurance card and will continue to participate throughout the school year. I have compared the above Policy with the Student Health Insurance Plan and have determined the benefits to be at least comparable. I further understand that by my submitting this enrollment form, I will still be responsible for my medical expenses and neither the college nor its health insurance program will be responsible for those expenses.

I understand my information is protected by privacy laws and will be released only in accordance with these laws.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

STUDENT'S SIGNATURE: _____ DATE: _____

(Signature of Student or Parent if Student is under age 18)

AHP–EFAES(14) SMU