



Harvard University Extension School

Division of Continuing Education

Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • sfs@dcemail.harvard.edu

2009–10 Student Health Plan Enrollment Form

To enroll in the Harvard University Student Health Plan, please complete the following information and submit full payment. Your payment may be made by cash, check, money order, or credit card. Submit this form and full payment to Student Financial Services, Harvard University Extension School, 51 Brattle Street, Cambridge, MA 02138-3722 by *Wednesday, September 30, 2009, for the fall term and Sunday, February 28, 2010, for the spring term.*

Legal name (as it appears on your passport)		
Last (family name)	First	Middle

DCE ID number (if known)								
@								

Date of Birth (example: JUN 09 1990)						

(See www.extension.harvard.edu/login if unsure)

Month (mmm) Day (dd) Year (yyy)

Term of coverage (check all that apply): Fall term (*August 1, 2009–January 21, 2010*) Spring term (*January 22, 2010–July 31, 2010*)

Further information on coverage is available online at www.uhs.harvard.edu.

Cost

Individual student coverage: \$1,420 per term																
Family member coverage: Family members may receive coverage for an additional charge (spouse: \$1,863; child: \$967; second child: \$485).																
If you are requesting coverage for a family member you must submit the following required certification documentation with this enrollment form:																
<ul style="list-style-type: none"> • Spouse: valid marriage certificate or I-20 form for international students • QDP: copy of municipal registration of domestic partnership (can be obtained in Boston, Brookline, and Cambridge) • Dependent children: birth certificate, legal documentation of adoption or guardianship, or DS-2019 form for international students 																
Dependent information																
<table border="1"> <thead> <tr> <th>Last name</th> <th>First name</th> <th>Relationship</th> <th>Date of birth (example: JUN 09 1990)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter </td> <td> ___/___/___ <small>MMM DD YYYY</small> </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter </td> <td> ___/___/___ <small>MMM DD YYYY</small> </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter </td> <td> ___/___/___ <small>MMM DD YYYY</small> </td> </tr> </tbody> </table>	Last name	First name	Relationship	Date of birth (example: JUN 09 1990)			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter	___/___/___ <small>MMM DD YYYY</small>			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter	___/___/___ <small>MMM DD YYYY</small>			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter	___/___/___ <small>MMM DD YYYY</small>
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Total payment: \$ _____

I certify that all of the above information is true and complete to the best of my knowledge.
Signature: _____ Date: _____

Payment Form

DCE ID number (if known)										
@										

(See www.extension.harvard.edu/login if unsure)

Date of Birth (example: MAY 09 1980)										

Month (MMM) Day (DD) Year (YYYY)

Legal name (as it appears on your passport)		
Last (family name)	First	Middle

Current mailing address		
Street and number		
City	State/Province	Zip/Postal code
Country (if other than US)	Local daytime phone number	

E-mail address

Enclosed is the payment for: Fall term (August 1, 2009–January 21, 2010)
 Spring term (January 22, 2010–July 31, 2010)

Total Due (student: \$1,420; spouse: \$1,863; child: \$967; second child: \$485): _____

Payment type (check one):

Cash Check* Money order* Credit card (see below)

* Please make checks payable to Harvard University.

Payment by Credit Card

Authorization. Please be sure to check the authorization box and enter the amount to be charged.
<input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$_____.

Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
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Card number	Expiration date (example: JUN 2011)	Security code [†]

Month (MMM) Year (YYYY)

Cardholder's signature

Cardholder's name (please print)

Cardholder's billing address		
Street		
City	State/Province	Zip/Postal code
Country (if not US)	Cardholder's telephone number	

[†] The credit card security code is found either on the back of the card, as the last three digits at the end of the credit card number printed on the signature strip, or as a four digit code found above and to the right of the credit card number.

I certify that all of the above information is true and complete to the best of my knowledge.	
Signature _____	Date _____