



INSTRUCTIONS

1. To enroll your student in the Student Health Insurance Plan (SHIP), fill out the form below in full. (*Type or clearly print.*)
2. Write a check or money order (in US Currency) payable to "Cornell University" for the plan premium amount (*see below*). (*Do NOT send cash.*)
3. Please return both the completed form and a bank check or money order to:

**Cornell University
Office of Student Health Insurance
409 College Avenue, Suite 211
Ithaca, NY 14850**

4. The form and payment are due by **May 29, 2009**.
(Due to policy restrictions, students may not enroll in the SHIP after the program begins.)

STUDENT INFORMATION

Name _____ Cornell 7-digit Student I.D. # _____
(Last, First - Please print clearly using ink) (office use only)

E-mail Address _____ Gender: Female Male Date of Birth: ____/____/____
(mm/dd/yy)

Home Address _____

Check box to indicate student's program:

<u>Program/Session</u>	<u>Dates</u>	<u>SHIP premium</u>
<input type="checkbox"/> Architecture	6/20 to 8/1/09	\$174.66
<input type="checkbox"/> 6-week	6/20 to 8/4/09	\$174.66
<input type="checkbox"/> 3-week I	6/20 to 7/11/09	\$87.33
<input type="checkbox"/> 3-week II	7/12 to 8/1/09	\$87.33

SIGNATURE OF PARENT OR GUARDIAN

Please enroll my student in the Student Health Insurance Plan. I understand and accept that this **policy is nonrefundable** if my student leaves the Cornell University Summer College Program early for any reason.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____ Phone _____

Questions about the Student Health Insurance Plan?
Contact the Cornell University Office of Student Health Insurance
phone: 607.255.6363 e-mail: sicu@cornell.edu