

**VOLUNTARY ENROLLMENT FORM  
STUDENT ACCIDENT AND SICKNESS INSURANCE  
FARMINGDALE STATE COLLEGE  
ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS 2019-2020**

Student's Name: \_\_\_\_\_ RAM ID# \_\_\_\_\_  
(Please Print) (Last) (First) (MI)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

- ☐ **ANNUAL COVERAGE- 8/16/19 to 8/15/20-** I choose to purchase this plan for the full year specified for a premium of **\$2,897.**
- ☐ **SPRING SEMESTER- 1/18/20 to 8/15/20 -** I choose to purchase this plan for the spring semester specified for a premium of **\$1,670.**

All registered students residing in campus housing and registered commuter students taking at least 1 credit are eligible to enroll in this insurance plan. Students must attend classes for at least 30 consecutive days to remain eligible for coverage.

My signature is confirmation of my understanding and acceptance that payment for the plan I choose to purchase is due at the time of enrollment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO: Farmingdale State College, Student Account Office no later than September 13, 2019 for annual enrollment or February 15, 2020 for spring enrollment. After open enrollment period ends on September 13, 2019 students with a qualifying event may enroll directly through Student Assurance Services at 1-800-328-2739. Students with eligible financial aid must speak with student insurance representative in the health and wellness center.**

**Policy No. AIIC1920NYSHIP42**

The following summary highlights the Accident and Sickness Insurance Plan for the students of Farmingdale State College. Please consult the policy brochure available on the Auxiliary Services webpage on the Farmingdale State College website and Student Health & Wellness Center for a complete description of the policy benefits and exclusions.

**ACCIDENTAL DEATH & DISMEMBERMENT EXPENSE BENEFIT**

Principle Sum: \$1,000

**ACCIDENT AND SICKNESS EXPENSE BENEFIT** This plan provides 24 hour world wide coverage for Covered Accident & Sickness as allocated below:

	<u>In-Network</u>	<u>Out-of-Network</u>
Aggregate Maximum:	Unlimited	Unlimited
Deductible- per policy year	\$150	\$600
Out-of-Pocket Maximum	\$5,000 Individual \$12,700 Family	\$20,000 Individual \$20,000 Family
Coinsurance, unless otherwise noted in Certificate	20% after deductible	40% after deductible

**The following Accident & Sickness Benefits are allocated as follows:**

Inpatient Hospital Room and Board	Covered percentage listed above after \$500 copay per confinement
Surgical Treatment	Covered percentage listed above
Outpatient Physician Visits (includes consultant/specialist)	Covered percentage listed above, after \$25 copay per visit
Emergency Room- Copayment waived if Hospital admission	\$150 copay, 20% coinsurance after deductible
Prescription Drugs	Tier 1: \$25 copay, Tier 2: \$50 copay, Tier 3: \$75 copay; 20%
(benefits provided on a reimbursement basis)	coinsurance after deductible