

# Student Health Vision/Dental Insurance Enrollment Form 2009-2010

**Effective dates:** For Fall open enrollment, August 1, 2009 through July 31, 2010  
For Spring open enrollment, January 1, 2010 through July 31, 2010

Questions? Visit [www.studentaffairs.cmu.edu/healthservices/insurance](http://www.studentaffairs.cmu.edu/healthservices/insurance), email [shinsure@andrew.cmu.edu](mailto:shinsure@andrew.cmu.edu), or call 412 268 2157 and select the option for insurance.

Fall enrollment deadline: Sept 3, 2009 Spring enrollment deadline: Jan 31, 2010



|                  |                   |           |                                   |
|------------------|-------------------|-----------|-----------------------------------|
| <i>Last Name</i> | <i>First Name</i> | <i>MI</i> | <i>Date of Birth (mm/dd/yyyy)</i> |
|------------------|-------------------|-----------|-----------------------------------|

|                |  |                          |   |
|----------------|--|--------------------------|---|
| <i>Phone #</i> | <i>Sex:</i><br><input type="checkbox"/> M <input type="checkbox"/> F | <i>Social Security #</i> | <i>9-digit Carnegie Mellon HUB Student Account #</i><br><i>(This will be your SS#, or a 9-digit number starting with 999 or 700.)</i> |
|----------------|--|--------------------------|---|

Specify a mailing address for your insurance communications. This must be a COMPLETE mailing address in the United States.

|                   |               |             |              |            |
|-------------------|---------------|-------------|--------------|------------|
| <i>Apt/House#</i> | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
|-------------------|---------------|-------------|--------------|------------|

Were you enrolled in the Highmark student medical insurance contracted by Carnegie Mellon at any time in the prior two academic years?

No  Yes; the ID number from my most recent Highmark student insurance card is: YYM\_\_\_\_\_

Campus status:  Undergraduate  Graduate  Special  Visiting Scholar/Researcher

**Select plan(s):** You may select dental, vision, or both. In order to add dependents, you must enroll yourself. You do not have to enroll the same dependents on both plans if you choose dental and vision.

### Highmark Fashion Advantage Vision Program Group: 081443-00 (same group regardless of effective date)

Students enrolled at any of Carnegie Mellon's domestic campus locations may enroll in vision.

- Individual \$77
- Two person \$149  
*The student and one other person:  
a spouse, a domestic partner, or a  
child.*
- Family \$221

### Concordia Preferred Dental Program:

Group: 018443-000 for effective date: August 1, 2009  
018443-001 for effective date: January 1, 2010

Only students attending Carnegie Mellon's Pittsburgh campus may enroll in dental.

- Individual \$234
- No two person level exists  
for dental. Select Family if you  
wish to enroll two or more.*
- Family \$602

Undergraduates and Graduate students: include no payment here. We will charge your student account.  
"Special" and "Visiting Scholar" applicants: include your payment. Make checks payable to Carnegie Mellon.

A **monthly payment option** is available. Tuition Management Systems (TMS) offers a no-interest loan for insurance premiums. Fee is \$15. Minimum contract amounts apply. For complete details, contact TMS at 1-800-722-4867, or visit the TMS website: [www.afford.com](http://www.afford.com).

Note: "Visiting Scholars" and "Special" students that use TMS for insurance premium payments MUST list their contract number here.  
TMS Contract number:

| <b>Enroll your dependents.</b> |   | <i>Last Name</i> | <i>First Name</i> | <i>MI</i> | <i>Date of Birth (mm/dd/yyyy)</i> | <i>Sex</i>  |
|--------------------------------|---|------------------|-------------------|-----------|-----------------------------------|---|
| <i>Spouse:</i>                 | <input type="checkbox"/> vision <input type="checkbox"/> dental |                  |                   |           |                                   | <input type="checkbox"/> male <input type="checkbox"/> female |
| <i>Domestic Partner*:</i>      | <input type="checkbox"/> vision <input type="checkbox"/> dental |                  |                   |           |                                   | <input type="checkbox"/> male <input type="checkbox"/> female |
| <i>Child:</i>                  | <input type="checkbox"/> vision <input type="checkbox"/> dental |                  |                   |           |                                   | <input type="checkbox"/> male <input type="checkbox"/> female |
| <i>Child:</i>                  | <input type="checkbox"/> vision <input type="checkbox"/> dental |                  |                   |           |                                   | <input type="checkbox"/> male <input type="checkbox"/> female |
| <i>Child:</i>                  | <input type="checkbox"/> vision <input type="checkbox"/> dental |                  |                   |           |                                   | <input type="checkbox"/> male <input type="checkbox"/> female |

\* Attach a copy of your approved Domestic Partner form. Find form here [www.studentaffairs.cmu.edu/dean/resources/dominsform.html](http://www.studentaffairs.cmu.edu/dean/resources/dominsform.html)

### Certification of Enrollment

I ACCEPT the Highmark vision and/or United Concordia dental insurance plan coverage I selected above. If I enroll during the Fall open enrollment period, I am covered from August 1, 2009 through July 31, 2010. If I enroll during the Spring open enrollment period, I am covered January 1, 2010 through July 31, 2010. If I later cancel this enrollment, I receive no refund of premium. I realize that the vision plan is open to enrollment at Carnegie Mellon's domestic campus locations. The dental plan is open to Pittsburgh campus students only.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If student is under 18 years of age, parent or guardian must sign.) (mm/dd/yyyy)

**Return form to:** Student Health Services, Carnegie Mellon, 1060 Morewood Avenue, Pittsburgh, PA 15213 FAX: 412 268 6357

**Make a copy of this form for your records.**

**Don't forget your medical insurance decision.** Visit [www.studentaffairs.cmu.edu/healthservices/insurance](http://www.studentaffairs.cmu.edu/healthservices/insurance) for details.