UNIVERSITY OF CINCINNATI
Student Insurance Petition to Enroll Form After Published Deadline

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED.

Student's Name_____ **I.D. Number**_____
(Please Print)
Address_____
(notification will be sent to this address)
Date of Birth_____ **Telephone #** _____**Email** _____ _____

Individual Completing Form _____**Relationship to student**_____

Term or Semester requesting coverage_____ **Premium amount** _____

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself after the enrollment deadline.

I understand that this Petition is subject to the approval of Koster Insurance Agency and subject to the payment of any applicable premium. I understand that this Petition is subject to Koster Insurance Agency's approval and that their decision is final.

Signature _____Date _____

If you are completing this petition as a result of losing coverage under your previous insurance carrier, you must include a letter from your previous insurance carrier confirming loss of coverage, reason for loss of coverage, and indicating the last date of coverage. In order not to have a lapse in coverage, this petition must be received within 31 days of your last day of coverage. If this form is not received within those 31 days, the effective date will be the date that this form is received at Koster Insurance Agency.

Please complete and return to: University of Cincinnati, Student Health Insurance Office, P.O. Box 210010, Cincinnati, Ohio 45221-0010 or Fax to (513) 556-6655

To be completed by Koster Insurance Agency:

Approved_____ Denied _____ Effective Date_____

Revised 08/04