

BASTYR STUDENT HEALTH PLAN ENROLLMENT FORM

PLEASE PRINT OR TYPE

PART 1 – Enrollee Information – must be completed by all new Bastyr Students

Name: _____
LAST FIRST M.I. Social Sec. #

Mailing Address _____
STREET APT/UNIT.# CITY STATE ZIP CODE
() - () -
HOME PHONE NUMBER WORK PHONE NUMBER

Date of Birth: ____/____/____ Gender: Female Male Status: Single Married Domestic Partner

Anticipated Graduation Date: ____/____/____ Program: _____

PART 2 – Explanation of Benefits, Terms and Conditions for Bastyr Students

The Bastyr Student Health Plan covers an unlimited number of visits to the Bastyr Center for Natural Health, Wallingford or Kenmore (campus) locations. The plan covers the professional service component of these visits. All other health and medical services are excluded. Enrollees in the plan also receive a 10% discount on prescription items at the Bastyr naturopathic dispensary.

Exclusions include but are not limited to the following:

- Laboratory tests and services
- Prescribed dispensary items
- Orthotic and orthopedic devices
- Supplies used in the course of the visit (e.g. dispensed homeopathic remedies, peat, B-12)
- Ambulance services

The plan year starts on the first day of the fall academic quarter and continues through the end of Summer Quarter. Premiums are collected quarterly as part of tuition and administrative fees. If the student is **not enrolled** in classes for any given quarter **including summer quarter**, to maintain coverage, a **\$40** premium must be paid by the student. This is allowed for one quarter of coverage only including the 1st quarter following graduation. A student cannot opt out of coverage on a quarter-by-quarter basis.

In addition to quarterly premiums, a \$15 co-pay (cash, check or debit/credit card) is required at each visit for each covered member (self, spouse/partner or dependent). This fee must be paid at the time of the visit or a \$10 billing fee will apply. Finance charges accrue after 60 days. Diplomas will be held for any balance outstanding with the Bastyr Center for Natural Health.

ACCEPTANCE OF GROUP POLICY TERMS	
I hereby agree to the terms and conditions as described in Part 2 for coverage under the Bastyr Student Health Plan for myself and any dependents listed on page 2 located on the back of this form. I agree to make the required co-payments for each visit and the quarterly premium payments toward the cost of this coverage. I understand that the cost of labs, dispensary items and other health services are not covered by this plan and that I am responsible for any outstanding balances prior to my graduation.	
SIGNATURE	DATE

Bastyr Student Health Plan Premium Payment Form

Please complete this form and enclose payment only if:

- If you are a Bastyr student and are paying to add dependants or domestic partner/spouse (please see guidelines for eligibility).
- If you are a Bastyr Student not currently enrolled in classes and would like to continue coverage for maximum of one quarter.
- Bastyr graduate and would like to continue coverage for maximum of one quarter following graduation.

Requirements for eligibility and fees for adding dependants, spouse, and domestic partners:

- To enroll a spouse you must provide a copy of your marriage certificate with your enrollment form.
- To enroll a domestic partner, the couple must be registered as a Domestic Partnership with the Seattle City Clerk and provide proof of registration. For further information contact the Seattle City Clerk at 206-684-8361.
- Coverage for a spouse or domestic partner and dependent children can be obtained for an additional annual premium as follows:

Spouse or Domestic Partner \$40
One Dependent \$25
Two or more Dependents \$50

Payment for additional coverage must be included with this enrollment form and is non-refundable. Payment must be by check or cash. No credit/debit cards will be accepted.

Complete only if adding dependents, domestic partner or spouse

Relationship	Name (Last, First, Initial)	Gender	Soc Sec. Number	Date of Birth
		<input type="checkbox"/> F <input type="checkbox"/> M	- -	/ /
		<input type="checkbox"/> F <input type="checkbox"/> M	- -	/ /
		<input type="checkbox"/> F <input type="checkbox"/> M	- -	/ /
		<input type="checkbox"/> F <input type="checkbox"/> M	- -	/ /

Check all that apply. Please make check payable to **Bastyr University**.

<input type="checkbox"/> Quarterly Premium for Bastyr Students not currently enrolled: \$40.00 Quarter (e.g. spring 2011) _____	<input type="checkbox"/> Annual Premium for Spouse or Domestic Partner: \$40.00 Year (e.g. 2011/2012): _____
<input type="checkbox"/> Annual Premium for Dependents: \$25.00 _____ \$50.00 _____ Year (e.g. 2011/2012): _____	

FOR OFFICE USE ONLY:

Amount Remitted \$ _____ Paid by: Student above Other _____
Date of Payment _____
Payment Method: Cash Check (Check No. _____)
Accepted by _____