

2024-2025 Student Health Benefit Plan International Scholar Department Authorization Form

International Scholars are required to enroll in the University-sponsored Student Health Benefit Plan (SHBP). If their appointing department wishes to cover the cost of the plan, this form, along with an enrollment form and all other applicable documents, must be completed and submitted to the Office of Student Health Benefits within 31 days of the scholar's arrival at the University of Minnesota. Payments must be made in full. Partial payments will not be accepted.

A. International Scholar Information

Name (last, first, middle initial) <i>(please print)</i>	Date of birth (mm/dd/yyyy)	Sex	U of M ID number		
Street address	Unit/Apt/Room	City	State	ZIP code	U of M email address
Department					

This form is to pay for: **Scholar** **Dependent of a Scholar**

B. Payment Information – this section must be completed for the form to be processed

Primary member	\$320/month
Spouse	\$403/month
One child	\$312/month
Two or more children	\$473/month
Family	\$1,196/month

Account string (EFS number)* to be charged	Eight digit project code (only applies to projects with a sponsored activity)
*Please ensure EFS account string is active for 2023-2024 fiscal year	

Amount to be charged	Months covered (must be between 9/1/2024 and 8/31/2025)
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C. Department Contact

Name (last, first, middle initial) <i>(please print)</i>		
Campus address	Daytime phone	Email address
Department contact signature		Date signed

FOR USE BY OFFICE OF STUDENT HEALTH BENEFITS

Effective date of change	Department	Approved by	Date approved
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Please submit to: Office of Student Health Benefits, 410 Church Street SE, N323, Minneapolis, MN 55455

Email: umshbo@umn.edu | Phone: 612-624-0627 | Fax: 612-626-5183 or 1-800-624-9881 | Website: shb.umn.edu

Please keep a copy of this form for your records. ©2024 by the University of Minnesota, Office of Student Health Benefits