

2020-2021 Student Health Benefit Plan International Scholar Payment Form



Student Health Benefits
UNIVERSITY OF MINNESOTA

A. Scholar Information – please make a plan selection

Primary member	\$252/month
Spouse	\$313/month
One child	\$239/month
Two or more children	\$350/month
Family	\$915/month

B. Determine Total Amount Due

\$ _____ International scholar coverage
+ \$ _____ Dependent coverage (if no dependents, add \$0)
x _____ 2 First two months payment due with initial enrollment
= \$ _____ **Total amount due**

C. Select Payment Method

My check (make payable to the University of Minnesota) for the total amount due is enclosed or I am paying cash in person. Please charge my credit or debit card for my total monthly premium on the 10th or 25th of each month until I cancel coverage or provide written notification to discontinue charge authorization (automatic billing).

Charge the total amount due to my credit or debit card. Please charge my credit or debit card for my total monthly premium on the 10th or 25th of each month until I cancel coverage or provide written notification to discontinue the charge authorization (automatic billing).

My check (payable to the University of Minnesota) for the total amount due is enclosed or I am paying cash in person. I am aware that I must submit payment for the next month of coverage before the expiration date listed on my enrollment form.

Charge the total amount due to my credit or debit card. I am aware that I must submit payment for the next month of coverage before the expiration date listed on my enrollment form.

FOR USE BY OFFICE OF STUDENT HEALTH BENEFITS

Total cost Effective date of change Term date Processed by Date processed DS 2019/Eligibility term date

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. ©2020 by the University of Minnesota, Office of Student Health Benefits