

Dependent Coverage

Student Health Plan Enrollment Form 2009-2010

(September 1, 2009-August 31, 2010)



Make Check Payable to: Princeton University Health Services

Mail Check & Form to: Student Health Plan Office

McCosh Health Center – Washington Rd.

Princeton University

Princeton, New Jersey 08544

Complete the following information & sign form:

Student Name: Last, First MI		Application Status: <input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application	
Birth Date:	PUID #:	Social Security #:	
Address:			
City:	State:	Zip:	
E-Mail Address:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	
Phone Number:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		

Standard Plan - \$200 DEDUCTIBLE/\$400 per Family Deductible

Please check applicable boxes below:

Full Year Coverage Rates

- | | | |
|---|------------|--|
| <input type="checkbox"/> SPOUSE | \$1,270.00 | <input type="checkbox"/> Full Year Enrollment |
| <input type="checkbox"/> 1 CHILD | \$ 635.00 | <input type="checkbox"/> Fall Semester Only Enrollment |
| <input type="checkbox"/> 2 CHILDREN | \$1,270.00 | <input type="checkbox"/> Spring Semester Only Enrollment |
| <input type="checkbox"/> 3 OR MORE CHILDREN | \$1,905.00 | Total Amt for Dep. Enrollment: \$ _____ |

Add applicable dependent fees (ex. You are enrolling your Spouse and 1 Child, your total on the line above would be \$1,905). If you are enrolling your dependent for a single semester only, your total will be half of the full year coverage rate.

Please Complete Dependent Information: (Note: In order to enroll a Domestic Partner (same sex only), establishment of partnership paperwork must be submitted along with Dependent Enrollment Form).

Relationship:	Last Name, First Name:	Date of Birth:	Social Security Number:	Gender:
		Month/Day/Year		
<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Stepchild				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Stepchild				<input type="checkbox"/> Male <input type="checkbox"/> Female

Enrollment forms will be accepted for the 2009/2010 academic year anytime after May 1, 2009. Coverage **must be** purchased by September 30, 2009 for the Full Year and Fall semester coverage. Full year coverage is effective September 1, 2009 through August 31, 2010. Fall semester coverage is effective from September 1, 2009 through January 31, 2010. Spring coverage is in effect from February 1, 2010 through August 31, 2010. Spring coverage must be purchased or renewed by January 15, 2010. **Coverage must be renewed by semester or annually. If renewal is not received, plan participation will be terminated.**

Charges for dependent coverage can be paid by check at the time of enrollment or billed to your Student Account. If you choose to have your Student Account billed, please indicate if you want charges to be applied to one semester only or throughout the entire year.

Student Signature: _____	Date: _____	<input type="checkbox"/> Payment by Check <input type="checkbox"/> Bill Student Account
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OFFICE USE ONLY:		
Pmt Received/Check#	Billed to Student Account:	Date:

Princeton University Student Health Plan—Dependents

Notice of Privacy Practices

for

Dependents Participating in the Princeton University Student Health Plan

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please Review This Information Carefully

If you are the dependent of a student enrolled at Princeton University and have chosen to participate in the University's Student Health Plan, [this notice applies to you](#).

Effective: April 14, 2003

Your Health Information:

The Student Health Plan is committed to protecting the privacy of health information maintained both by the Student Health Plan itself and by outside vendors who perform services for the Student Health Plan, such as Chickering, the Plan's current third party administrator.

The Student Health Plan is required by law to protect the privacy of certain health information that may reveal your identity, and to provide you with a copy of this notice which describes the Student Health Plan's privacy practices.

If you have any questions about this notice or would like further information, please contact Michele Gregory, Student Health Plan Manager, whose contact information appears in the section of this brochure under the heading "Further Information".

Use and Disclosure of Your Student Health Plan Information

The Student Health Plan (the "PLAN") is required by law to maintain the privacy of your Protected Health Information and is committed to doing so. Protected Health Information includes information that may identify who you are such as unique numbers and geographic information. It also includes information about payment for your health care such as your enrollment in the PLAN, information about your health condition such as diseases you may have, and information about health services you have or may receive such as an operation.

The PLAN will generally obtain your written authorization before using your health information or sharing it with others outside the PLAN. However, the PLAN is permitted to use and disclose your health information for the following purposes without your written authorization:

•**Payment** — The PLAN may use and disclose your health information to administer payments for treatment covered under the PLAN. For example, your health information may be shared with the Plan's third-party administrator, Chickering, in connection with paying for your health care treatment. However, to the extent the PLAN relies upon the services of a third party administrator, the PLAN will enter into a written confidentiality agreement with that administrator protecting the privacy of your health information.

•**Health Care Operations** — The PLAN may use and disclose your health information to conduct normal business operations. Examples of business operations include underwriting, premium rating and other activities related to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for audit services, and other management functions.

•**Emergencies** — In an emergency, the PLAN may disclose your health information but only if such disclosure is necessary to protect the health and safety of you or other individuals.

•**Public Health and Law Enforcement** — To the extent required by law, the PLAN may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. The PLAN will notify you of any such disclosures provided that such notice is permitted by law.

•**Workers' Compensation** — The PLAN may disclose your health information to the extent required by laws relating to workers compensation and other similar programs.

•**Information That Does Not Identify You** — The PLAN may use or disclose your health information if the PLAN has removed all information that might reveal who you are, or for limited purposes if the Student Health Plan has removed most information revealing who you are and obtained a confidentiality agreement from the person or organization receiving your health information.

•**As required by Law**— The PLAN may use or disclose your health information if the Student Health Plan is required by law to do so. The Student Health Plan will notify you of these uses and disclosures if notice is required by law.

The PLAN will not use or disclose your health information for any other purpose without first securing your written authorization. If you provide the PLAN with such authorization, you may revoke it at any time, except to the extent that the PLAN has already relied on it. To revoke such authorization, please contact the Plan Manager.

Special Protections: *Special privacy protections may apply to information regarding substance abuse, mental health and HIV.*

Your Rights

The Health Insurance Portability and Accountability Act provides you the following rights with respect to access and control of your health information. Please Note: to the extent that the Student Health Plan has provided any of your information to Chickering as the third-party administrator of the PLAN, you must make your request directly to Chickering. Under the law, you have:

- The right to request restrictions as to how your health information is used or shared with others. The PLAN will try to accommodate all reasonable requests.
- The right to receive health information from the PLAN in a form or manner that more fully safeguards the confidentiality of the information; for example, you may request that such information be sent to your home address instead of your campus address.
- The right to inspect and copy your health information.
- The right to correct your health information
- The right to receive a list of non-routine disclosures of your health information.
- The right to receive a paper copy of this notice at any time by contacting the Plan Manager if you received this notice electronically.

Personal Representatives

You have the right to name a personal representative who may act on your behalf to control privacy information. If you wish to take advantage of this right, please contact the Plan Manager.

Policy Modifications

The PLAN may change its privacy practices from time to time. However, if that happens, the PLAN will revise this notice and will notify you either by e-mail or campus mail of the changes.

Federal law requires the PLAN to maintain the privacy of your PLAN records as set forth in this notice. If you believe your privacy rights have been violated, you can file a complaint with Michele Gregory, Student Health Plan Manager, Student Health Plan office, Room 111, McCosh Health Center, Princeton University, Princeton, NJ 08540, phone (609) 258-3138, email: shpo@princeton.edu. Fax: (609) 258-9191 or Chickering, PO Box 15708, Boston, MA 02215.

Dependents may also file complaints with the Secretary of the Department of Health and Human Resources. No one will retaliate or take action against you for filing a complaint.

Further Information

If you have questions and would like additional information, you may contact Michele Gregory, Student Health Plan Office, Room 111, McCosh Health Center, Princeton University, Princeton, NJ 08540, phone: (609) 258-3138, email: shpo@princeton.edu. Fax: (609) 258-9191.

For information or questions specifically regarding claims submitted to Chickering, the Plan's third-party-claims administrator, please call Chickering's Claims Status/Questions/Eligibility center at 1-877-437-6511.

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