



**Southern**  
Illinois University  
**Carbondale**

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## Optional Continuation Of Coverage Student Medical Insurance Plan

Student Health Center · Student Medical Insurance Office

Mail Code 6740 · 374 East Grand Avenue · Carbondale, IL 62901

Ph: 618-453-4413

Name of the student (Last, First, MI)	Student I.D. #	Phone #
Address (Number, Street, City, State, and ZIP Code)		

Please check: <input type="checkbox"/> Short Term Continuation Coverage----\$1,000.00 (an additional 90 days) (premium stated applies to 2009-2010 contract year)	
Effective Date ___/___/___	Termination Date ___/___/___

**Note:** Student must be CURRENTLY enrolled and insured in order to apply for the Continuation Coverage. The Optional Continuation of Coverage can only be purchased once and cannot be renewed. The Optional Continuation of Coverage does not include use of the Student Health Center On-Campus services. The Continuation Coverage must be purchased no later than the last date of coverage under the Student Medical Insurance Plan. For the plan benefits and limitations, please refer to the 2009-2010 Student Medical Insurance Plan Brochure, available at the Student Medical Insurance Office and the complete Insurance Plan is also downloadable at the Student Health Center website <http://www.shc.siu.edu>

### Make check or money order payable to SIUC Student Health Center.

If paying by check, Please send your check, along with this application to the address above.

If paying by credit card, please circle the one below.

Card #	Expiration Date ___/___/___	Holder Signature	

Name / Title (print)

Signature

Date

### For Office Use Only

Processed by	Student Enrollment Verified
Brochure provided <input type="checkbox"/> Via mail <input type="checkbox"/> In person	Date ___/___/___