



HEALTH INSURANCE DURING OPT

Health insurance is extremely expensive in the United States for those who do not have adequate health insurance coverage. It is in your best interest to enroll in comprehensive health insurance throughout the entirety of your stay in the United States, including during your participation in Optional Practical Training (OPT). If you have any dependents — such as a spouse or child — you have an obligation to them as well to make sure that they have appropriate medical coverage.

As your current health insurance plan will end shortly after your program end date, the International Student & Scholar Services Office therefore **very strongly recommends** that you either make arrangements to continue your current student coverage through UnitedHealthcare OR that you immediately seek out an alternative health insurance plan to ensure adequate coverage.

We ask that you complete this form and submit it to iss@oswego.edu at least **2 weeks prior to your intended graduation date**. Please select only **ONE** of the following options listed on this form. Complete **OPTION 1** if you wish to remain on SUNY Oswego’s health insurance plan. Complete **OPTION 2** if you intend to discontinue your participation in SUNY Oswego’s health insurance plan.

IMPORTANT: If you do not submit this form within 2 weeks of your intended graduation date, then the ISSS Office will assume that you are no longer interested in maintaining health insurance through SUNY Oswego’s UnitedHealthcare plan. You and your dependents will **no longer have health insurance** after the date that you graduate from SUNY Oswego.

OPTION 1: PLEASE COMPLETE THIS SECTION IF YOU PLAN TO CONTINUE PARTICIPATING IN SUNY OSWEGO’S UNITEDHEALTHCARE INSURANCE PLAN:

I, _____, intend to graduate from the State University of New York at Oswego (SUNY Oswego) on (MM/DD/YYYY) _____. I confirm that I would like to continue my participation in the SUNY health insurance plan provided by UnitedHealthcare after my graduation and will take the appropriate steps to ensure my continued coverage. I will communicate my intention to remain on this insurance via email to the Office of International Education & Programs’ Office Manager, Mrs. Amy Wallace, **no later than 2 weeks prior** to my graduation date: amy.wallace@oswego.edu. I will pay for that coverage once Amy Wallace provides me with a bill.

Coverage through SUNY Oswego’s UnitedHealthcare plan may be purchased for one month, three months, six months, or one year at a time. The current cost of this health insurance coverage for each time period is the following: one month of coverage: \$173.91; three months of coverage: \$521.73; six months of coverage: \$1,043.46; one year of coverage: \$2,086.92.

CONFIRMATION OF OPTION 1	
<i>If you choose OPTION 1, please sign and date below:</i>	
Student’s signature:	Date (mm/dd/yyyy):



OPTION 2: PLEASE COMPLETE THIS SECTION IF YOU WISH TO DISCONTINUE YOUR PARTICIPATION IN SUNY OSWEGO'S UNITEDHEALTHCARE INSURANCE PLAN:

I, _____, intend to graduate from the State University of New York at Oswego (SUNY Oswego) on (MM/DD/YYYY) _____. I confirm that I do not wish to continue my participation in the health insurance plan provided by SUNY Oswego and that I will take immediate steps to obtain comparable health insurance coverage while I remain in the United States for myself and for my dependents (if applicable). I understand that my coverage through UnitedHealthcare will end immediately after my intended graduation date. Importantly, I also understand that, unlike my current plan, many health insurance plans do not contain **repatriation coverage** and that I may purchase this as separate add-on coverage (valued at \$7.50/month) by contacting iss@oswego.edu at least 2 weeks prior to my graduation.

CONFIRMATION OF OPTION 2

If you choose OPTION 2, please sign and date below:

Student's signature:

Date (mm/dd/yyyy):