



Student Benefits

1. STUDENT INFORMATION

DEPENDENT ENROLLMENT FORM

Student Name: Last Name First Name M.I.

JHU Student ID Number: Date of Birth: mm/dd/yyyy

Email Address:

Mailing Address:

City: State: Zip Code:

2. DEPENDENT INFORMATION

Please enroll my:

Spouse/Domestic Partner Child(ren)

Spouse/Domestic Partner & Child(ren)

Table with 4 columns: Name of Dependent (Last, First, Middle Initial), Relationship to Student (Spouse/DP, Child), Date of Birth (mm/dd/yyyy), Gender (M, F). Contains 6 empty rows.

3. Coverage Options and effective dates

| | Medical | Dental | Vision |
|--------------------------------|-----------------------|-----------------------|-----------------------|
| Coverage Effective date | 5/15/2023 – 6/30/2023 | 5/15/2023 – 6/30/2023 | 5/15/2023 – 6/30/2023 |
| Dependent (+1) | \$840.00 | \$36.39 | \$10.00 |
| Family (2+) | \$1,320.00 | \$76.49 | \$10.00 |

| | Medical | Dental | Vision |
|--------------------------------|----------------------|----------------------|----------------------|
| Coverage Effective date | 6/1/2023 – 6/30/2023 | 6/1/2023 – 6/30/2023 | 6/1/2023 – 6/30/2023 |
| Dependent (+1) | \$560.00 | \$18.20 | \$5.00 |
| Family (2+) | \$880.00 | \$38.25 | \$5.00 |

Total Premium: \$ _____

Please note: The premium will be added directly to your JHU Student Account/bursar bill.

PLEASE SIGN THE SECOND PAGE OF THIS FORM. WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION.

4. Notice to Student (Signature required)

I have carefully read the brochure and elect to enroll as indicated. Rates are not prorated other than as listed. I permit the university to provide EHP, Delta Dental or EyeMed with my enrollment status for the purpose of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and my dependent(s) coverage can be made void. I understand that if it is later determined that I am not eligible, the premium will be refunded, unless a claim has been filed, but the premium is not refundable for reasons other than eligibility.

Signature: _____ Date: _____

If you have any questions, please email: JHUStudentBenefits@jhu.edu

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.