



**SUNY Dependant Medical, Security
and Political Evacuation &
Repatriation**

ENROLLMENT FORM

*Please fill in the following information and mail with your check to:
MEDEX, 8501 LaSalle Rd. Ste 200, Towson, MD 21286.*

Name of Student/Scholar/Researcher at SUNY

SUNY School Attended

USA Street Address

City State ZIP

SPOUSE

Last Name First Name Date of Birth

CHILDREN

Last Name First Name Date of Birth

Last Name First Name Date of Birth

Last Name First Name Date of Birth

Begin coverage on: _____

End coverage on: _____

FEES:

Inbound (in the US) and Outbound (outside the US):

ANNUAL: \$63.00

MONTHLY: \$5.25 x: _____ = \$ _____
of months

Equals Total Amount Due \$ _____

Make Checks Payable to MEDEX

Remittance in U.S. funds only.

Credit Card Number _____

Visa, MasterCard or American Express only

Exp Date _____

Email Address: _____

ELIGIBILITY/ENROLLMENT PROCEDURE

If you are a member you may enroll by completing this enrollment form and mailing it to MEDEX along with your payment.

DEPENDENT ENROLLMENT

If you are a dependent of a student, scholar, visiting faculty member or an individual affiliated with SUNY, you **must** complete the application attached to this brochure and mail it with your payment to MEDEX at:

MEDEX
8501 LaSalle Rd Ste 200
Towson, MD 21286

PERIOD OF COVERAGE

Coverage is valid during your enrollment in The State University of New York (SUNY) or its foreign affiliates.

IMPORTANT

Upon enrollment, you will receive additional information about this policy and an ID card, which contains the toll-free MEDEX access numbers, as well as the phone numbers for the MEDEX coordination centers. (This is only a brief summary of the policy.) Failure to call MEDEX for service verification may invalidate this policy.

<p>IN CASE OF EMERGENCY, MEDEX SHOULD CONTACT:</p> <p>_____</p> <p>Contact name</p> <p>_____</p> <p>Telephone Number</p>
