

## Add US Born Dependents to AU International Health Insurance

I hereby elect to cover my U.S. born dependent on the Auburn University Mandatory International Health Insurance Plan. Upon enrolling my dependent(s), I realize that I will be responsible for maintaining their health insurance for the duration of my F-1 status or my spouse F-1 status.

Signature of both Parents: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Banner ID#: \_\_\_\_\_ Email address: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:

New Born

Previously Uninsured

Previously Insured by \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Check One:

Male

Female

Please attach a copy of the birth certificate.