

**University of South Florida 2009 – 2010**  
Postdoctoral Scholar Insurance Plan Application (Please Print)

Postdoctoral Scholar's Name (Last, First, Middle)		Date of Birth (mmddyy)
Permanent U.S. Address (Street, City, State, Zip)		Social Security #
Phone #: (    )	Postdoctoral Scholar Email Address:	
Home Campus: <input type="checkbox"/> Tampa <input type="checkbox"/> St Petersburg <input type="checkbox"/> Polytechnic <input type="checkbox"/> Sarasota	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	International Postdoctoral Scholar: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependent coverage is available only if the Postdoctoral Scholar is insured under this plan and the coverage periods must be the same.**

List below dependents to be insured.

	Last Name	First Name	Social Security #	Male/Female	Date of Birth (mmddyy)
Spouse					
Child					
Child					
Child					

**Notice to Postdoctoral Scholars:** By signing below, the Postdoctoral Scholar acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this application; 2) He/She understand that the Benefit Booklet will only be made available online at [www.studentinsurancegroup.us](http://www.studentinsurancegroup.us) . At any time, he/she may request paper copies of the materials be mailed by contacting BCBSF's Customer Service Department at 800-664-5295. A signature on this application affirms the understanding that the Benefit Booklet will not be mailed, unless he/she contacts BCBSF's Customer Service Department and request to opt out of the electronic receipt; 3) He/She meets the eligibility requirements for this coverage as described in the brochure;

**Please Return Enrollment Forms To:** USF Human Resources, Benefits Department, 4202 E. Fowler Ave, SVC 2172, Tampa, FL 33620-6980

**For more information please visit:**

[http://usfweb2.usf.edu/hr/benefits/Post\\_Docs.html](http://usfweb2.usf.edu/hr/benefits/Post_Docs.html).

If you have any questions you may call a USF Benefits Representative at (813) 974-2970

Signature of Postdoctoral Scholar \_\_\_\_\_ Date \_\_\_\_\_