Student Continuation of Insurance while on Leave of Absence
You have elected to continue student health insurance coverage while on a
leave of absence (LOA) and agree that it is your responsibility to submit payment to the BCM H 5- 6 W X G H Q W
Benefits office for coverage. Coverage can be continued up to a maximum of 12 months while on an LOA. Please

review the information below IRU LQIR BRADINTAINR Q J coverage.

Payment of Coverage

Students have 31 days from their effective date of LOA to checkout with the % & CHR — 6 W X CB LEIN CHING OFFICH TR FRPSOHWH FKHFNRXW WY CE LEIN WINNSWIGOUND R XOLVIN WICK WILLIAM CFHOOD UIDROUPHDQG Whe first month V LOA SULSIPL X FPQW. Payment may be made UYHLED LOVRJU QOWIR &U\$ 0 6 W X G HQW SRU WHOHOQOV QOHV QOHV DHPFHS, WISTOS 67 (5 & \$5 DQG 6 & 29 (5 FUHICOLWS FPDQGDEWRYUL) HQHQFHIH RIZLDSSWIRDFR QOWOUDDQVDFWLRQ

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are encouraged to XWLWVHP OSLOQ\HPH\Q\WWHP

Payment made to the % & 0+ 5- Benefits office is for individual coverage only. 'ependent payment \text{Vwill continue} to be billed by Academic HealthPlans (AHP) through your personal bank account or credit card.

Termination of Coverage

Coverage will be terminated effective the 1st of the month i Ipayment is late, not received, or when the student has reached the maximum 12 months of coverage. , I \ R X E HDOWLHHUY IPHL \bigcirc DX WY DARRED S D \ IZ IBI VQ WY QLIQ HU U R U \ou must V X E IPI DOWN R I W LSP IBI VQP\HLQQBVU GWHIRJD YWH KEHH Q H W LHWL VQ V W D W H G

Late Payment One Time Grace Period

In the event a student submits a late or no payment, D one time grace period can be requested by the student. < R Will have 7 calendar days from the last day of t

Student name:	
BCM ID:	

In person payment can be made to the HR	-Benefits office located at:		
	6624 Fannin St. Suite 1800		
	Houston, Texas 77030		
	Student	name:	
		BCM ID:	