

***** IMPORTANT ** NOTICE ** IMPORTANT *****

To: 4th Year Medical Students
Graduating Graduate Students

From: Laurie Strang
Insurance Advisor, UHS

Peg Ehmann
Bursar, SMD

Nancy Hayes
Student Account Representative

Date: March 01, 2009

If you will be covered by other health insurance this summer and wish to receive a prorated refund from your University of Rochester Blue Cross, please fill out this form and **return it to UHS, Box 270617 or fax it to 756-0263 by May 1st 2009.**

As of March 1st we no longer put UHS charges on your school account, due to the fact that all students need a zero balance before graduating. If you should need to visit UHS after that, you will have to pay at the time of your visit.

Name: _____
Student ID# _____
Effective date of new insurance: _____

Where would you like the refund to be mailed after graduation?
**(Previous to graduation it will automatically be sent to your
Medical Center box unless specified otherwise).**

Street address: _____

City, state, zip: _____

Prorated refund amounts:

\$ 94.00/month for single policy

\$144.00/Spouse

\$ 1010.80/month for Family