

FrontierMEDEX

SUNY Dependant Medical, Security and
Political Evacuation & Repatriation

ENROLLMENT FORM

Please fill in the following information and mail with your check to:
FrontierMEDEX, 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: \$90.00

MONTHLY: \$ 7.50 x: _____ = \$ _____
of months

Equals Total Amount Due \$ _____

Make Checks Payable to FrontierMEDEX

Remittance in U.S. funds only.

Credit Card Number _____

Visa, MasterCard or American Express only

Exp Date _____ Security Code _____

Email Address: _____

DEPENDENT ENROLLMENT

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

Definition: You must be a legal 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 FrontierMEDEX at:

FrontierMEDEX
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 FrontierMEDEX access numbers, as well as the phone numbers for the FrontierMEDEX coordination center. (This is only a brief summary of the policy.) Failure to call FrontierMEDEX for service verification may invalidate this policy.

IN CASE OF EMERGENCY, MEDEX SHOULD CONTACT:

Contact name

Telephone Number