

Approved Academic Travel Rider Application

All fields in red are required.

Return To:

Member Services
P.O. Box 208237
New Haven, CT 06520-8237
Phone: 203.432.0246
Fax: 203.432.4130
e-mail: member.services@yale.edu

Last Name:**First Name:****Middle Initial:****Date of Birth:****Approved Academic Travel Address (street, city, state, zip code):****Permanent Address (street, city, state, zip code):****Yale Net ID:****Phone:****Email:****Membership**

Single Student plus spouse Student plus child(ren) Family–student plus spouse plus child(ren)

Rates

Single: \$250 per term
 Student plus spouse: \$500 per term
 Student plus child(ren): \$450 per term
 Family–student plus spouse plus child(ren): \$750 per term

Period of Enrollment for Approved Academic Travel Rider

Fall Term – August 1, 2024 to January 31, 2025
 Spring Term – February 1, 2025 to July 31, 2025

*You will only be covered by the Approved Academic Travel Rider for the period of approved academic travel.

Enroll eligible spouse/civil union partner and/or dependents under 26 below:

Last name, first name, middle Initial

Birthday

Mo. Day Year

Sex at Birth/Gender Identity

Agreement

Students who elect to purchase the Approved Academic Travel Rider must also remain enrolled in Yale Health Hospitalization/Specialty Care coverage and are responsible for premium charges for the coverage as well as all copays, deductibles, coinsurance fees, and bills resulting from non-covered or partially covered services. The premium due for the level of coverage (individual, two-person, family) you select will be billed to your Student Financial & Administrative Services (SFAS) account. Applicable copays, deductibles, coinsurance fees, and bills resulting from non-covered or partially covered services will be collected directly from you by the provider of service either at the time of service or afterwards. I have read the plan summary information, understand it, and wish to enroll in the Approved Academic Travel Rider. I fully certify that the information provided is true and complete.

Signature _____

Date _____

FOR YALE HEALTH USE ONLY

AATR Effective Date _____ Database Update _____

Rev. 05/2024

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