

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS
UNIVERSITY OF FLORIDA

PROCESSOR STAMP DATE RECEIVED HERE

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2011-330-2

PRIMARY INSURED Complete information below for Student.			
UF ID #:			
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME:	
MIDDLE INITIAL:			
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	EXPECTED DATE OF GRADUATION:
		____/____/____ MONTH DAY YEAR	____/____ MONTH YEAR
PERMANENT ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
MAILING ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		[EMAIL ADDRESS:]	

DEPENDENT INFORMATION: Complete information below for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan (Please include a blank sheet for additional Dependents).

SPOUSE/DOMESTIC PARTNER SOCIAL SECURITY #:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	____/____/____ MONTH DAY YEAR
First (Given) Name		Middle Initial:		Last (Family) Name:	
CHILD SOCIAL SECURITY #:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	____/____/____ MONTH DAY YEAR
First (Given) Name		Middle Initial:		Last (Family) Name:	
CHILD SOCIAL SECURITY #:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	____/____/____ MONTH DAY YEAR
First (Given) Name		Middle Initial:		Last (Family) Name:	
CHILD SOCIAL SECURITY #:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	____/____/____ MONTH DAY YEAR
First (Given) Name		Middle Initial:		Last (Family) Name:	
CHILD SOCIAL SECURITY #:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	____/____/____ MONTH DAY YEAR
First (Given) Name		Middle Initial:		Last (Family) Name:	

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility or entrance into the armed forces.**

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

STUDENT'S SIGNATURE: _____

DATE: _____

CAMPUS/SCHOOL ATTENDING: University of Florida

Please Print Name of University Must be completed in order for application to be processed.

I elect to purchase Injury and Sickness insurance coverage under the University of Florida's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: INTERNATIONAL STUDENT

<u>PERIOD CODES</u>	Annual (A-)	Fall (F-)	Spring (G-)	Spring/Summer (J-)
ID CODES				
F Student (Age 24 and under)	<input type="checkbox"/> \$ 1,311.00	<input type="checkbox"/> \$ 517.00	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 794.00
G Student (Age 25 and over)	<input type="checkbox"/> \$ 1,515.00	<input type="checkbox"/> \$ 598.00	<input type="checkbox"/> \$ 515.00	<input type="checkbox"/> \$ 917.00
H Spouse	<input type="checkbox"/> \$ 3,965.00	<input type="checkbox"/> \$ 1,564.00	<input type="checkbox"/> \$ 1,347.00	<input type="checkbox"/> \$ 2,401.00
I Each Child	<input type="checkbox"/> \$ 1,675.00	<input type="checkbox"/> \$ 661.00	<input type="checkbox"/> \$ 569.00	<input type="checkbox"/> \$ 1,014.00
J All Children	<input type="checkbox"/> \$ 3,351.00	<input type="checkbox"/> \$ 1,322.00	<input type="checkbox"/> \$ 1,138.00	<input type="checkbox"/> \$ 2,029.00

<u>PERIOD CODES</u>	Summer (S-)	Summer 2 (S2)
ID CODES		
F Student (Age 24 and under)	<input type="checkbox"/> \$ 348.00	<input type="checkbox"/> \$ 172.00
G Student (Age 25 and over)	<input type="checkbox"/> \$ 403.00	<input type="checkbox"/> \$ 199.00
H Spouse	<input type="checkbox"/> \$ 1,054.00	<input type="checkbox"/> \$ 521.00
I Each Child	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 220.00
J All Children	<input type="checkbox"/> \$ 891.00	<input type="checkbox"/> \$ 441.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

- Annual 08-14-2011 to 08-13-2012
- Fall 08-14-2011 to 01-08-2012
- Spring 01-09-2012 to 05-13-2012
- Spring / Summer 01-09-2012 to 08-13-2012
- Summer 05-14-2012 to 08-13-2012
- Summer 2 07-02-2012 to 08-13-2012

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail this enrollment card along with premium payment to:

UnitedHealthcare **StudentResources**
 PO Box 809026
 Dallas, TX 75380-9026.

Your cancelled check is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com/uf, and then select the Enroll Now link to enroll online.