PROCESSOR STAMP DATE RECEIVED HERE

UNITEDHEALTHCARE INSURANCE COMPANY

ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

AMERICAN OPTOMETRIC STUDENT ASSOCIATION

2012-1849-2

PRIMARY INSURED Complete information below for Student.

SOCIAL SECURITY #:	OR STUDENT ID #:	
LAST (FAMILY) NAME:	**FIRST (GIVEN) NAME:**	MIDDLE INITIAL:
GENDER: ❑ MALE ❑ FEMALE	DATE OF BIRTH: ______/ ______/ ________ MONTH DAY YEAR	EXPECTED DATE OF GRADUATION: ______ / ______ MONTH YEAR
PERMANENT U.S. 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 SOCIAL SECURITY #:	GENDER: ❑ MALE ❑ FEMALE	DATE OF BIRTH: ______/ ______/ ________ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: ❑ MALE ❑ FEMALE	DATE OF BIRTH: ______/ ______/ ________ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: ❑ MALE ❑ FEMALE	DATE OF BIRTH: ______/ ______/ ________ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: ❑ MALE ❑ FEMALE	DATE OF BIRTH: ______/ ______/ ________ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: ❑ MALE ❑ 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: ______________________

AMERICAN OPTOMETRIC STUDENT ASSOCIATION 2012-1849-2

CAMPUS LOCATION:

- ❑ Ferris State University Michigan College of Optometry
- ❑ Illinois College of Optometry
- ❑ Indiana University School of Optometry
- ❑ Midwestern University Arizona College of Optometry
- ❑ Northeastern State University College of Optometry
- ❑ NOVA Southeastern University College of Optometry
- ❑ The Ohio State University College of Optometry
- ❑ Pennsylvania College of Optometry
- ❑ Southern California College of Optometry
- ❑ Southern College of Optometry
- ❑ University of Alabama-Birmingham School of Optometry
- ❑ University of California - Berkeley School of Optometry
- ❑ University of Houston College of Optometry
- ❑ University of the Incarnate Word School of Optometry
- ❑ University of Missouri-St. Louis College of Optometry
- ❑ Western University of Health Sciences College of Optometry

CAMPUS/SCHOOL ATTENDING:

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

❑ **I elect to purchase Injury and Sickness insurance coverage under the student insurance plan. Below are the choices I have made.**

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: ❑ **All**

PERIOD CODES / **ID CODES**		Annual (A-) (Cannot be purchased after 11/14/12)	Nine Months (Z9) (Cannot be purchased after 11/15/12)	Six Months (Z6) (Cannot be purchased after 2/15/13)	Three Months (Z3) (Cannot be purchased after 5/15/13)
Under Age 30					
1	Student	❑ $1,691.00	❑ $1,294.00	❑ $ 862.00	❑ $ 432.00
2	Spouse	❑ $4,226.00	❑ $3,233.00	❑ $2,156.00	❑ $ 1,077.00
3	Each Child	❑ $2,959.00	❑ $2,264.00	❑ $1,509.00	❑ $ 755.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

Annual	❑ 08-15-2012 to 08-14-2013
Nine Months	Indicate Requested Effective Date Below
Six Months	Indicate Requested Effective Date Below
Three Months	Indicate Requested Effective Date Below

EFFECTIVE AND TERMINATION DATES:

Coverage will become effective on the date the Insurance Company receives the application and correct premium payment.
Annual coverage expires 1 year following receipt of your premium or August 14, 2013, whichever is earlier. Nine months coverage expires 9 months following receipt of your premium or August 14, 2013, whichever is earlier. Six months coverage expires 6 months following receipt of your premium or August 14, 2013 whichever is earlier. Three months coverage expires 3 months following receipt of your premium or August 14, 2013, whichever is earlier.

Please Note: If application and correct premium are received after this requested effective date, your effective date will be the date application and correct premium are received. **Requested Effective Date:** _____/_____/_____

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

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

Your cancelled check or credit card billing 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, and use the Find My School's Plan link to search for AOSA. Select AOSA from the search results to go to AOSA's page, and then select the Enroll Now link to enroll online.