

**UNITEDHEALTHCARE INSURANCE COMPANY  
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS  
AMERICAN BAR ASSOCIATION  
LAW STUDENT DIVISION**

**Not Available to Residents of MA, NH, NJ, NY, NC, OR, PR, VT, WA**

**2012-336-1 & 2**

<b>PRIMARY INSURED</b> Complete information below for Student.			
SOCIAL SECURITY #:		OR STUDENT ID #:	
<input type="checkbox"/> I AM A CURRENT MEMBER OF THE ABA LAW STUDENT DIVISION IN GOOD STANDING.			
ABA MEMBERSHIP #		<i>(Please enter your 8 digit #)</i>	
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> 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:	
<b>DEPENDENT INFORMATION:</b> 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: <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.

**Notice Regarding Illinois' Religious Freedom Protection and Civil Union Act:** Effective June 1, 2011, the state of Illinois passed the Religious Freedom Protection and Civil Union Act, which allows couples of the same or opposite sex to enter into a Civil Union. Civil Union couples and married couples are to be treated identically and provided the same protections and benefits under Illinois law.

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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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 College's or University's student insurance plan. Below are the choices I have made.

**PLEASE CHECK ALL APPROPRIATE BOXES**

**2012-336-1 - HIGH OPTION**

INSURED CATEGORY: <input type="checkbox"/> All		12 Months (ZY)	9 Months (Z9)	6 Months (Z6)	3 Months (Z3)
ID CODES	PERIOD CODES	Cannot be purchased after 11-01-2012	Cannot be purchased after 02-01-2013	Cannot be purchased after 05-01-2013	Cannot be purchased after 08-01-2013
1	<input type="checkbox"/> Student - Under Age 35	<input type="checkbox"/> \$ 2,369	<input type="checkbox"/> \$ 1,812	<input type="checkbox"/> \$ 1,209	<input type="checkbox"/> \$ 604
2	<input type="checkbox"/> Student - 35 and Older	<input type="checkbox"/> \$ 3,721	<input type="checkbox"/> \$ 2,847	<input type="checkbox"/> \$ 1,898	<input type="checkbox"/> \$ 949
3	<input type="checkbox"/> Spouse - Under Age 35	<input type="checkbox"/> \$ 7,625	<input type="checkbox"/> \$ 5,833	<input type="checkbox"/> \$ 3,888	<input type="checkbox"/> \$ 1,945
4	<input type="checkbox"/> Spouse - 35 and Older	<input type="checkbox"/> \$ 11,463	<input type="checkbox"/> \$ 8,770	<input type="checkbox"/> \$ 5,847	<input type="checkbox"/> \$ 2,923
5	<input type="checkbox"/> All Children	<input type="checkbox"/> \$ 4,556	<input type="checkbox"/> \$ 3,486	<input type="checkbox"/> \$ 2,324	<input type="checkbox"/> \$ 1,162

**2012-336-2 - LOW OPTION**

INSURED CATEGORY: <input type="checkbox"/> All		12 Months (ZY)	9 Months (Z9)	6 Months (Z6)	3 Months (Z3)
ID CODES	PERIOD CODES	Cannot be purchased after 11-01-2012	Cannot be purchased after 02-01-2013	Cannot be purchased after 05-01-2013	Cannot be purchased after 08-01-2013
1	<input type="checkbox"/> Student - Under Age 35	<input type="checkbox"/> \$ 1,305	<input type="checkbox"/> \$ 998	<input type="checkbox"/> \$ 666	<input type="checkbox"/> \$ 332
2	<input type="checkbox"/> Student - 35 and Older	<input type="checkbox"/> \$ 1,962	<input type="checkbox"/> \$ 1,501	<input type="checkbox"/> \$ 1,001	<input type="checkbox"/> \$ 500
3	<input type="checkbox"/> Spouse - Under Age 35	<input type="checkbox"/> \$ 3,956	<input type="checkbox"/> \$ 3,027	<input type="checkbox"/> \$ 2,017	<input type="checkbox"/> \$ 1,009
4	<input type="checkbox"/> Spouse - 35 and Older	<input type="checkbox"/> \$ 5,952	<input type="checkbox"/> \$ 4,554	<input type="checkbox"/> \$ 3,036	<input type="checkbox"/> \$ 1,518
5	<input type="checkbox"/> All Children	<input type="checkbox"/> \$ 2,613	<input type="checkbox"/> \$ 1,999	<input type="checkbox"/> \$ 1,333	<input type="checkbox"/> \$ 666

**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 October 31, 2013, whichever is earlier. Nine months coverage expires 9 months following receipt of your premium or October 31, 2013 whichever is earlier. Six month coverage expires 6 months following receipt of your premium or October 31, 2013 whichever is earlier. Three month coverage expires 3 months following receipt of your premium or October 31, 2013, whichever is earlier.

**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/ABA](http://www.uhcsr.com/ABA) and select the Enroll Now link to enroll online.