

FRONTIER MEDEX ENROLLMENT FORM - OHIO NORTHERN UNIVERSITY

2013-1097-1

(PLEASE PRINT)

Name: _____ / _____ / _____ Male Female
Last First M.I.

Address: _____ City: _____ State or country: _____ Zip Code _____

Date of birth: ____ / ____ / ____ Social Security Number: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Home Country: _____ Host Country: _____ Arrival Date: _____

Requested Program Start Date: _____ Host Institution/Center name: _____

Host Institution/Center address: _____ City: _____ State or country: _____

DEPENDENT INFORMATION:

	Last Name	First Name	MI	Date of Birth	Social Security #		
Spouse:	_____	_____	_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child:	_____	_____	_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child:	_____	_____	_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

NOTICE: Frontier MEDEX Global Emergency Services will be effective the date the correct amount due is received by UnitedHealthcare **Student**Resources or the Effective Date of the coverage period, whichever is later.

Signature of Student/Scholar _____ Date _____

PLEASE CHECK ALL APPROPRIATE BOXES:
OHIO NORTHERN UNIVERISTY

2013-1097-1

NOTE: Please visit your school's insurance coverage page at www.uhcsr.com/onu for the Frontier MEDEX Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations. All Frontier MEDEDX services must be arranged and provided by Frontier MEDEX, any services not arranged by Frontier MEDEX will not be considered for payment.

Participant Category: Repatriation/Medical Evacuation
Check the Appropriate Box(es)

	Annual (A-)	Summer (S-)
4 Student	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 14.00

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 80926
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.

EFFECTIVE / EXPIRATION DATES:

Annual	08-01-2013 to 07-31-2014
Summer	05-24-2014 to 07-31-2014

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com/onu, and use the Find My School's Plan link to search for your school. Select your school name from the search results to go to your school's page, and then select the Enroll Now link to enroll online.