

**UNITEDHEALTHCARE INSURANCE COMPANY
ELECTION FORM FOR DOMESTIC STUDENTS AND THEIR DEPENDENTS**

PROCESSOR STAMP DATE RECEIVED HERE

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BEMIDJI STATE UNIVERSITY

2013-1530-1

PRIMARY INSURED Complete information below for Student.			
SOCIAL SECURITY #:		OR STUDENT 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 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: <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. A student who requests to cancel coverage under the Policy will receive a refund of unearned premium as of the time of cancellation if the unearned premium is for a period of more than one month. The return of unearned premium will be delivered to the Insured within 30 days following receipt of the Insured's request for cancellation.

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: Bemidji State University

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

PLEASE CHECK ALL APPROPRIATE BOXES **INSURED CATEGORY:** Domestic Graduate Domestic Postgraduate

PERIOD CODES	Annual (A-)	Fall (F-)	Spring/Summer (J-)
ID CODES			
1 Student	<input type="checkbox"/> \$ 1,438.00	<input type="checkbox"/> \$ 556.00	<input type="checkbox"/> \$ 882.00
2 Spouse	<input type="checkbox"/> \$ 5,501.00	<input type="checkbox"/> \$2,125.00	<input type="checkbox"/> \$ 3,376.00
3 Each Child	<input type="checkbox"/> \$ 2,429.00	<input type="checkbox"/> \$ 938.00	<input type="checkbox"/> \$ 1,491.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

Annual	<input type="checkbox"/> 08-26-2013 to 08-25-2014
Fall	<input type="checkbox"/> 08-26-2013 to 01-13-2014
Spring / Summer	<input type="checkbox"/> 01-14-2014 to 08-25-2014

PLEASE CHECK ALL APPROPRIATE BOXES **INSURED CATEGORY:** Early Arriving Student Hockey Sports Program - Football

PERIOD CODES	1st Speciall (E1)	2nd Special (E2)
ID CODES		
4 Student	<input type="checkbox"/> \$ 98.00	<input type="checkbox"/> \$ 44.00
5 Spouse	<input type="checkbox"/> \$ 377.00	<input type="checkbox"/> \$ 166.00
6 Each Child	<input type="checkbox"/> \$ 166.00	<input type="checkbox"/> \$ 73.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

1st Special (Hockey)	<input type="checkbox"/> 08-01-2013 to 08-25-2013
2nd Special (Football)	<input type="checkbox"/> 08-15-2013 to 08-25-2013

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 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.

Dependents of Domestic Undergraduates:

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com/mnscu, 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.

Domestic Graduates and Post-Graduates:

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com/mnscu, 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.