HPHC INSURANCE COMPANY
ENROLLMENT FORM FOR DEPENDENTS
REGIS COLLEGE

2013-1625-1

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: _____

CAMPUS/SCHOOL ATTENDING: _____

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

❑ **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: ❑ **Undergraduate**   ❑ **Graduate**   ❑ **Special - LMH Students**

PERIOD CODES	Annual (A-)	Fall (F-)	Spring / Summer (J-)	Summer 1 (S1)	Summer 2 (S2)
ID CODES					
2 Spouse	❑ $ 3,751.00	❑ $ 1,604.00	❑ $ 2,222.00	❑ $ 975.00	❑ $ 535.00
3 Each Child	❑ $ 3,007.00	❑ $ 1,286.00	❑ $ 1,781.00	❑ $ 781.00	❑ $ 429.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

Annual	❑ 08-20-2013 to 08-19-2014
Fall	❑ 08-20-2013 to 01-19-2014
Spring / Summer	❑ 01-20-2014 to 08-19-2014
Summer 1	❑ 05-19-2014 to 08-19-2014
Summer 2	❑ 06-30-2014 to 08-19-2014

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 809024
    Dallas, TX 75380-9024.

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.

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The Commonwealth of Massachusetts requires HPHC Insurance Company to request the following information about the Primary Insured. You may select a primary and secondary race, and a primary and secondary ethnicity. If you choose not to supply this information, please select the box below.

❏   I have read the request for information and choose not to supply a response

Primary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	**Other** (please enter) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
[UNKNOW]	Unknown / Not Specified

Secondary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	**Other** (please enter) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
[UNKNOW]	Unknown / Not Specified

Are you Hispanic / Latino / Spanish: ☐ Yes   ☐ No   ☐ Unknown

Primary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
[CVERDN]	Cape Verdean
[CARIBI]	Caribbean Island
[2155-0]	Central American (not otherwise specified)
[2034-7]	Chinese
[2169-1]	Columbian
[2182-4]	Cuban
[2184-0]	Dominican
[EASTEU]	Eastern European
[2108-9]	European
[2036-2]	Filipino
[2157-6]	Guatemalan
[2071-9]	Haitian
[2158-4]	Honduran
[2039-6]	Japanese
[2040-4]	Korean
[2041-2]	Laotian
[2148-5]	Mexican, Mexican American, Chicano
[2118-8]	Middle Eastern
[PORTUG]	Portuguese
[2180-8]	Puerto Rican
[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
[UNKNOW]	Unknown / Not Specified

Secondary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
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[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
[UNKNOW]	Unknown / Not Specified

Primary Language (select one)

[799]	African Languages (please specify) _____
[777]	Arabic
[708]	Chinese (please specify) _____
[601]	Cape Verdean Creole
[600]	English
[620]	French
[607]	German
[637]	Greek
[623]	Hatian Creole
[778]	Hebrew
[663]	Hindi
[619]	Italian
[723]	Japanese

[724]	Korean
[656]	Persian
[645]	Polish
[629]	Portuguese
[639]	Russian
[625]	Spanish
[742]	Tagalog
[671]	Urdu
[728]	Vietnamese
[997]	Other Language (please specify) _____
[998]	Declined
[999]	Unavailable