

STUDENT RESOURCES (SPC) Ltd.
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS
CHINESE SERVICE CENTER FOR SCHOLARLY EXCHANGE

PROCESSOR STAMP DATE RECEIVED HERE

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2013-1716-15

PRIMARY INSURED Complete information below for Student.

STUDENT ID #:		SOCIAL SECURITY # / PASSPORT:		
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:		

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 / PASSPORT		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH: ____ / ____ / ____ MONTH DAY YEAR	
First (Given) Name		Middle Initial:		Last (Family) Name:	
CHILD / PASSPORT		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH: ____ / ____ / ____ MONTH DAY YEAR	
First (Given) Name		Middle Initial:		Last (Family) Name:	
CHILD / PASSPORT		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH: ____ / ____ / ____ MONTH DAY YEAR	
First (Given) Name		Middle Initial:		Last (Family) Name:	
CHILD / PASSPORT		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.

STUDENT'S SIGNATURE: _____

DATE: _____

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CAMPUS LOCATION:

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 association's insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: ALL

PERIOD CODES

ID CODES

	Three Months (Z3)	Four Months (Z4)	Five Months (Z5)	Six Months (Z6)	Seven Months (Z7)
	Cannot be purchased after 07-17-2014	Cannot be purchased after 06-17-2014	Cannot be purchased after 05-18-2014	Cannot be purchased after 04-18-2014	Cannot be purchased after 03-19-2014
01 Student Under Age 24	<input type="checkbox"/> \$ 210.00	<input type="checkbox"/> \$ 280.00	<input type="checkbox"/> \$ 350.00	<input type="checkbox"/> \$ 420.00	<input type="checkbox"/> \$ 490.00
04 Student Age 24 to 29	<input type="checkbox"/> \$ 352.00	<input type="checkbox"/> \$ 470.00	<input type="checkbox"/> \$ 587.00	<input type="checkbox"/> \$ 705.00	<input type="checkbox"/> \$ 822.00
07 Student 30 & Older	<input type="checkbox"/> \$ 622.00	<input type="checkbox"/> \$ 829.00	<input type="checkbox"/> \$ 1,036.00	<input type="checkbox"/> \$ 1,244.00	<input type="checkbox"/> \$ 1,450.00
02 Spouse	<input type="checkbox"/> \$ 1,989.00	<input type="checkbox"/> \$ 2,650.00	<input type="checkbox"/> \$ 3,312.00	<input type="checkbox"/> \$ 3,974.00	<input type="checkbox"/> \$ 4,636.00
03 Each Child	<input type="checkbox"/> \$ 695.00	<input type="checkbox"/> \$ 926.00	<input type="checkbox"/> \$ 1,157.00	<input type="checkbox"/> \$ 1,388.00	<input type="checkbox"/> \$ 1,620.00

PERIOD CODES

ID CODES

	Eight Months (Z8)	Nine Months (Z9)	Ten Months Sliding (Z10)	Eleven Months (ZB)	Twelve Months (ZY)
	Cannot be purchased after 02-17-2014	Cannot be purchased after 01-18-2014	Cannot be purchased after 12-19-2013	Cannot be purchased after 11-19-2013	Cannot be purchased after 10-20-2013
01 Student Under Age 24	<input type="checkbox"/> \$ 560.00	<input type="checkbox"/> \$ 630.00	<input type="checkbox"/> \$ 700.00	<input type="checkbox"/> \$ 770.00	<input type="checkbox"/> \$ 840.00
04 Student Age 24 to 29	<input type="checkbox"/> \$ 940.00	<input type="checkbox"/> \$ 1,056.00	<input type="checkbox"/> \$ 1,174.00	<input type="checkbox"/> \$ 1,292.00	<input type="checkbox"/> \$ 1,408.00
07 Student 30 & Older	<input type="checkbox"/> \$ 1,658.00	<input type="checkbox"/> \$ 1,865.00	<input type="checkbox"/> \$ 2,071.00	<input type="checkbox"/> \$ 2,279.00	<input type="checkbox"/> \$ 2,485.00
02 Spouse	<input type="checkbox"/> \$ 5,298.00	<input type="checkbox"/> \$ 5,961.00	<input type="checkbox"/> \$ 6,622.00	<input type="checkbox"/> \$ 7,285.00	<input type="checkbox"/> \$ 7,945.00
03 Each Child	<input type="checkbox"/> \$ 1,851.00	<input type="checkbox"/> \$ 2,083.00	<input type="checkbox"/> \$ 2,314.00	<input type="checkbox"/> \$ 2,544.00	<input type="checkbox"/> \$ 2,774.00

EFFECTIVE AND TERMINATION DATES:

Coverage will become effective on the date the Insurance Company authorized representative receives the application and correct premium payment.

Annual coverage expires 1 year following receipt of your premium or October 15, 2014, whichever is earlier. There is a minimum of three (3) months enrollment in this plan.

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.

Students and Dependents enrolling at the same time: If you would like to use a credit card to enroll, please go to www.uhcsr.com/chineseservicecenter and select the Enroll Now link to enroll online.

Dependents enrolling after Student is already enrolled: If you would like to use a credit card to enroll, please go to www.uhcsr.com/control and "Request a Control Number" link on the page.