

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR DEPENDENTS
UNIVERSITY OF DENVER

PROCESSOR STAMP DATE RECEIVED HERE

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2013-5893-1
2013-5893-4

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. Premium will not be refunded except for ineligibility or entrance into the armed forces.

NOTICE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

STUDENT'S SIGNATURE: _____

DATE: _____

CAMPUS/SCHOOL ATTENDING: UNIVERSITY OF DENVER

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

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: Dependents of Law Students Only

<u>PERIOD CODES</u> <u>ID CODES</u>	Annual (A-)	Fall (F-)	Spring (G-)	Summer (S-)
6 Spouse	<input type="checkbox"/> \$6,308.00	<input type="checkbox"/> \$3,154.00	<input type="checkbox"/> \$3,154.00	<input type="checkbox"/> \$1,577.00
7 Each Child	<input type="checkbox"/> \$3,707.00	<input type="checkbox"/> \$1,853.50	<input type="checkbox"/> \$1,853.50	<input type="checkbox"/> \$ 926.75
8 All Children	<input type="checkbox"/> \$6,165.00	<input type="checkbox"/> \$3,082.50	<input type="checkbox"/> \$3,082.50	<input type="checkbox"/> \$1,541.25

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

INSURED CATEGORY: Dependents of All Other Students

<u>PERIOD CODES</u> <u>ID CODES</u>	Fall (F-)	Fall 1 (F1)	Winter (W-)	Spring (G-)	Spring 1 (G1)	Summer (S-)
2 Spouse	<input type="checkbox"/> \$3,154.00	<input type="checkbox"/> \$1,577.00	<input type="checkbox"/> \$1,577.00	<input type="checkbox"/> \$3,154.00	<input type="checkbox"/> \$1,577.00	<input type="checkbox"/> \$1,577.00
3 Each Child	<input type="checkbox"/> \$1,853.50	<input type="checkbox"/> \$ 926.75	<input type="checkbox"/> \$ 926.75	<input type="checkbox"/> \$1,853.50	<input type="checkbox"/> \$ 926.75	<input type="checkbox"/> \$ 926.75
4 All Children	<input type="checkbox"/> \$3,082.50	<input type="checkbox"/> \$1,541.25	<input type="checkbox"/> \$1,541.25	<input type="checkbox"/> \$3,082.50	<input type="checkbox"/> \$1,541.25	<input type="checkbox"/> \$1,541.25

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS FOR DEPENDENTS OF LAW STUDENTS:

- Annual 08-01-2013 to 07-31-2014
- Fall 08-01-2013 to 12-31-2013
- Spring 01-01-2014 to 07-31-2014
- Summer 06-01-2014 to 07-31-2014

EFFECTIVE / EXPIRATION PERIODS FOR DEPENDENTS OF ALL OTHER STUDENTS:

- Fall 09-01-2013 to 03-23-2014
- Fall 1 09-01-2013 to 01-05-2014
- Winter 01-06-2014 to 03-23-2014
- Spring 03-24-2014 to 08-31-2014
- Spring 1 03-24-2014 to 06-15-2014
- Summer 06-16-2014 to 08-31-2014

DEPENDENTS MAY ONLY ENROLL FOR THE CURRENT COVERAGE TERM. STUDENTS WISHING TO ENROLL THEIR DEPENDENTS FOR MORE THAN ONE TERM MUST COMPLETE A SEPARATE DEPENDENT ENROLLMENT FORM AT THE BEGINNING OF EACH COVERAGE TERM.

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.

Dependents only: To request dependent coverage and pay online using a credit card or eCheck, please go to www.uhcsr.com/control and select the "Do you Need a Control Number?" link on the home page. Follow the on screen prompts to request coverage for your dependent. Make sure your email address is correct; we will enter your coverage request into our system and send you an email with instructions for making your premium payment online with a credit card or eCheck.

The State of Colorado requires UnitedHealthcare Insurance Company to request the following information about the Primary Insured. You may select a primary and secondary race, a primary and secondary ethnicity, and a primary language. 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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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
[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

Primary Language (select one)**2013-5893-1/4**

[799]	African Languages (please specify) _____
[777]	Arabic
[708]	Chinese (please specify) _____
[601]	Cape Verdean Creole
[600]	English
[620]	French
[607]	German
[637]	Greek
[623]	Haitian 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