

**UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR STUDENTS**

--

OHIO UNIVERSITY

2014-1103-2

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: (MONTH/DAY/YEAR)	EXPECTED DATE OF GRADUATION: (MONTH/YEAR)	
PERMANENT U.S. ADDRESS: (HOUSE/BUILDING # AND STREET NAME)			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	

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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Student's Signature: _____

Date: _____

Campus Attending: Ohio University – Athens Campus

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:

- | | |
|--|--|
| <input type="checkbox"/> Full-Time Domestic Undergraduate | <input type="checkbox"/> Full-Time Domestic Graduate |
| <input type="checkbox"/> International Undergraduate | <input type="checkbox"/> International Graduate |
| <input type="checkbox"/> Regular (Internship/Co-op/Study Abroad) | <input type="checkbox"/> Other (Reduced Credit Hour/Masters/PhD/Research Scholars) |
| <input type="checkbox"/> Medical (HCOM) | |

ID Codes

Fall (F-)

Spring 1 (G1)

Spring 2 (G2)

Summer (S-)

1 Student

 \$ 818 \$ 818 \$ 965 \$ 434

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.

EFFECTIVE/EXPIRATION PERIODS:

- Fall 8/16/2014 to 2/14/2015 Spring 1 2/15/2015 to 8/15/2015 Spring 2 1/12/2015 to 8/15/2015
 Summer 5/11/2015 to 8/15/2015

INSURED CATEGORY:

- English Language Program J-1 Scholars

ID Codes

Weekly (LX)

Monthly (MX)

1 Student

 \$ 32 \$ 134

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.

EFFECTIVE AND TERMINATION DATES:

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

Monthly coverage expires 1 month following receipt of your premium or August 15, 2015, whichever is earlier. Weekly coverage expires 1 week following receipt of your premium or August 15, 2015 whichever is earlier.

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:** ____/____/____.

TO CALCULATE YOUR RATE:

Rate x # of months eligible = amount due Example: \$134.00 x 3 months = \$402.00

Calculation For Total Premium

WEEKLY RATE (ABOVE) \$ _____

MULTIPLY BY # OF WEEKS TO PURCHASE X _____

MONTHLY RATE (ABOVE) \$ _____

MULTIPLY BY # OF MONTHS TO PURCHASE X _____

Submit this form to:

Ohio University, Student Health Insurance Administrator
 Campus Care, 227 Hudson, Athens, OH 45701
 or email to studentinsurance@ohio.edu

To locate this enrollment form online please visit www.uhcsr.com/ohio.