

UNITEDHEALTHCARE INSURANCE COMPANY
ELECTION FORM FOR INTERNATIONAL STUDENTS
OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE



BEMIDJI STATE UNIVERSITY

2014-1530-48

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 election card; 2) Rates are not pro-rated other than as listed on this election 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 false, incomplete or misleading information may be subject to criminal and/or civil penalties.

Student's Signature: _____

Date: _____

Campus Location:

Campus/School attending: Bemidji State University

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

PLEASE CHECK ALL APPROPRIATE BOXES.

INSURED CATEGORY: Athletes

OPTIONAL INTERCOLLEGIATE SPORTS (STUDENTS ONLY)

Optional Intercollegiate Sports coverage is available to Students only and may only be purchased simultaneously and in conjunction with the purchase of basic coverage at the time of initial enrollment in the Plan.

ID Codes Period Codes
Annual (A-)

2 Low Risk IC Sports (Student) \$ 298.00

(Softball, Volleyball, Cheerleading, Golf, Tennis, Rifle, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Gymnastics, Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew and Bowling)

1 High Risk IC Sports (Student) \$ 506.00 \$ 20.00

(Football, Hockey, Lacrosse, Soccer, Rodeo, Rugby, Baseball and Basketball)

EFFECTIVE/EXPIRATION PERIODS:

<input type="checkbox"/> Annual	8/15/2014	to	8/14/2015	
<input type="checkbox"/> 1 st Special	8/1/2014	to	8/14/2014	

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail this election card along with premium payment to:

UnitedHealthcare **StudentResources**
 PO Box 809026
 Dallas, TX 75380-9026.

Your cancelled check 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.