

HPHC INSURANCE COMPANY

ENROLLMENT FORM FOR THE DEPENDENTS OF
REGIS COLLEGE

2014-1625-1

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:	

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: 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 Location: Regis College

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

PLEASE CHECK ALL APPROPRIATE BOXES.

INSURED CATEGORY: Undergraduate
 Graduate

UNDERGRADUATE:

ID Codes	Annual (A-)	Spring/Summer (J-)	Summer 1 (S1)	Summer 2 (S2)
2 Spouse	<input type="checkbox"/> \$ 3,942.00	<input type="checkbox"/> \$ 2,299.00	<input type="checkbox"/> \$ 1,015.00	<input type="checkbox"/> \$ 562.00
3 Each Child	<input type="checkbox"/> \$ 2,603.00	<input type="checkbox"/> \$ 1,521.00	<input type="checkbox"/> \$ 670.00	<input type="checkbox"/> \$ 371.00

GRADUATE:

ID Codes	Annual (A-)	Spring/Summer (J-)	Summer 1 (S1)	Summer 2 (S2)
5 Spouse	<input type="checkbox"/> \$ 3,942.00	<input type="checkbox"/> \$ 2,299.00	<input type="checkbox"/> \$ 1,015.00	<input type="checkbox"/> \$ 562.00
6 Each Child	<input type="checkbox"/> \$ 2,603.00	<input type="checkbox"/> \$ 1,521.00	<input type="checkbox"/> \$ 670.00	<input type="checkbox"/> \$ 371.00

NOTE: The amounts stated above include a fee for the servicing agency charged to the school you are receiving coverage through.

EFFECTIVE/EXPIRATION PERIODS:

- Annual 8/20/2014 to 8/19/2015
- Spring/Summer 1/20/2015 to 8/19/2015
- Summer 1 5/18/2015 to 8/19/2015
- Summer 2 6/29/2015 to 8/19/2015

TO CALCULATE YOUR RATE:

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

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources**. Mail this enrollment card along with premium payment to:
 UnitedHealthcare **StudentResources**
 PO Box 809026
 Dallas, TX 75380-9026.
 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.

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, 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)		
<input type="checkbox"/>	[R1]	American Indian / Alaska Native
<input type="checkbox"/>	[R2]	Asian
<input type="checkbox"/>	[R3]	Black / African American
<input type="checkbox"/>	[R4]	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	[R5]	White
<input type="checkbox"/>	[R9]	Other (please enter)
<input type="checkbox"/>	[UNKNOWN]	Unknown / Not Specified

Secondary Race (select one)		
<input type="checkbox"/>	[R1]	American Indian / Alaska Native
<input type="checkbox"/>	[R2]	Asian
<input type="checkbox"/>	[R3]	Black / African American
<input type="checkbox"/>	[R4]	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	[R5]	White
<input type="checkbox"/>	[R9]	Other (please enter)
<input type="checkbox"/>	[UNKNOWN]	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)		
<input type="checkbox"/>	[2060-2]	African
<input type="checkbox"/>	[2058-6]	African American
<input type="checkbox"/>	[AMERCN]	American
<input type="checkbox"/>	[2028-9]	Asian
<input type="checkbox"/>	[2029-7]	Asian Indian
<input type="checkbox"/>	[BRAZIL]	Brazilian
<input type="checkbox"/>	[2033-9]	Cambodian
<input type="checkbox"/>	[CVERDN]	Cape Verdean
<input type="checkbox"/>	[CARIBI]	Caribbean Island
<input type="checkbox"/>	[2155-0]	Central American (not otherwise specified)
<input type="checkbox"/>	[2034-7]	Chinese
<input type="checkbox"/>	[2169-1]	Columbian
<input type="checkbox"/>	[2182-4]	Cuban
<input type="checkbox"/>	[2184-0]	Dominican
<input type="checkbox"/>	[EASTEU]	Eastern European
<input type="checkbox"/>	[2108-9]	European
<input type="checkbox"/>	[2036-2]	Filipino
<input type="checkbox"/>	[2157-6]	Guatemalan
<input type="checkbox"/>	[2071-9]	Haitian
<input type="checkbox"/>	[2158-4]	Honduran
<input type="checkbox"/>	[2039-6]	Japanese
<input type="checkbox"/>	[2040-4]	Korean
<input type="checkbox"/>	[2041-2]	Laotian
<input type="checkbox"/>	[2148-5]	Mexican, Mexican American, Chicano
<input type="checkbox"/>	[2118-8]	Middle Eastern
<input type="checkbox"/>	[PORTUG]	Portuguese
<input type="checkbox"/>	[2180-8]	Puerto Rican
<input type="checkbox"/>	[RUSSIA]	Russian
<input type="checkbox"/>	[2161-8]	Salvadoran

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<input type="checkbox"/>	[2161-8]	Salvadoran

Primary Ethnicity (select one)		
<input type="checkbox"/>	[2165-9]	South American (not otherwise specified)
<input type="checkbox"/>	[2047-9]	Vietnamese
<input type="checkbox"/>	[OTHER]	Other (please specify)
<input type="checkbox"/>	[UNKNOWN]	Unknown / Not Specified

Secondary Ethnicity (select one)		
<input type="checkbox"/>	[2165-9]	South American (not otherwise specified)
<input type="checkbox"/>	[2047-9]	Vietnamese
<input type="checkbox"/>	[OTHER]	Other (please specify)
<input type="checkbox"/>	[UNKNOWN]	Unknown / Not Specified

Primary Language (select one)		
<input type="checkbox"/>	[799]	African Languages (please specify)
<input type="checkbox"/>	[777]	Arabic
<input type="checkbox"/>	[708]	Chinese (please specify)
<input type="checkbox"/>	[601]	Cape Verdean Creole
<input type="checkbox"/>	[600]	English
<input type="checkbox"/>	[620]	French
<input type="checkbox"/>	[607]	German
<input type="checkbox"/>	[637]	Greek
<input type="checkbox"/>	[623]	Haitian Creole
<input type="checkbox"/>	[778]	Hebrew
<input type="checkbox"/>	[663]	Hindi
<input type="checkbox"/>	[619]	Italian
<input type="checkbox"/>	[723]	Japanese

<input type="checkbox"/>	[724]	Korean
<input type="checkbox"/>	[656]	Persian
<input type="checkbox"/>	[645]	Polish
<input type="checkbox"/>	[629]	Portuguese
<input type="checkbox"/>	[639]	Russian
<input type="checkbox"/>	[625]	Spanish
<input type="checkbox"/>	[742]	Tagalog
<input type="checkbox"/>	[671]	Urdu
<input type="checkbox"/>	[728]	Vietnamese
<input type="checkbox"/>	[997]	Other (please specify)
<input type="checkbox"/>	[998]	Declined
<input type="checkbox"/>	[999]	Unavailable
<input type="checkbox"/>		