

STUDENT RESOURCES (SPC) LTD.
ENROLLMENT FORM FOR STUDENTS



CHINESE SERVICE CENTER FOR SCHOLARLY EXCHANGE

2014-1716-15

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 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/School Attending: _____
 Please print name of School. Must be completed in order for application to be processed.

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

PLEASE CHECK ALL APPROPRIATE BOXES.

INSURED CATEGORY:

All

ID Codes	Three Months (Z3) <i>Cannot be purchased after 07/17/2015</i>	Four Months (Z4) <i>Cannot be purchased after 06/17/2015</i>	Five Months (Z5) <i>Cannot be purchased after 05/18/2015</i>	Six Months (Z6) <i>Cannot be purchased after 04/18/2015</i>
1 Student-24 and Under	<input type="checkbox"/> \$ 165.26	<input type="checkbox"/> \$ 219.66	<input type="checkbox"/> \$ 275.08	<input type="checkbox"/> \$ 329.50
2 Student-Age 25 to 29	<input type="checkbox"/> \$ 266.25	<input type="checkbox"/> \$ 354.34	<input type="checkbox"/> \$ 443.42	<input type="checkbox"/> \$ 531.51
3 Student-30 and Older	<input type="checkbox"/> \$ 552.76	<input type="checkbox"/> \$ 736.33	<input type="checkbox"/> \$ 920.92	<input type="checkbox"/> \$ 1,104.50

ID Codes	Seven Months (Z7) <i>Cannot be purchased after 03/19/2015</i>	Eight Months (Z8) <i>Cannot be purchased after 02/17/2015</i>	Nine Months (Z9) <i>Cannot be purchased after 01/18/2015</i>	Ten Months (Z10) <i>Cannot be purchased after 12/19/2014</i>
1 Student-24 and Under	<input type="checkbox"/> \$ 384.92	<input type="checkbox"/> \$ 439.34	<input type="checkbox"/> \$ 494.76	<input type="checkbox"/> \$ 549.16
2 Student-Age 25 to 29	<input type="checkbox"/> \$ 620.58	<input type="checkbox"/> \$ 708.66	<input type="checkbox"/> \$ 797.75	<input type="checkbox"/> \$ 885.83
3 Student-30 and Older	<input type="checkbox"/> \$ 1,289.09	<input type="checkbox"/> \$ 1,472.67	<input type="checkbox"/> \$ 1,657.26	<input type="checkbox"/> \$ 1,840.83

ID Codes	Eleven Months (ZB) <i>Cannot be purchased after 11/19/2014</i>	Twelve Months (ZY) <i>Cannot be purchased after 10/20/2014</i>
1 Student-24 and Under	<input type="checkbox"/> \$ 604.58	<input type="checkbox"/> \$ 659.00
2 Student-Age 25 to 29	<input type="checkbox"/> \$ 974.92	<input type="checkbox"/> \$ 1,063.00
3 Student-30 and Older	<input type="checkbox"/> \$ 2,025.42	<input type="checkbox"/> \$ 2,209.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

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, 2015, 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 **StudentResources** in US dollars. Mail this enrollment card along with premium payment to:
 UnitedHealthcare **StudentResources**
 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.

To enroll online: 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.