

UNITEDHEALTHCARE INSURANCE COMPANY  
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS



**DEVRY COLLEGE OF NEW YORK**

2014-278-6

<b>PRIMARY INSURED</b> 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:	

<b>DEPENDENT INFORMATION</b>		
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/School Attending: \_\_\_\_\_

Please print name of DeVry College of New York. Must be completed in order for application to be processed.

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

PLEASE CHECK ALL APPROPRIATE BOXES.

**INSURED CATEGORY:**             Graduate     Other-Online     Part-Time

ID Codes	Annual (A-)	1 <sup>st</sup> Special (E1)	2 <sup>nd</sup> Special (E2)	3 <sup>rd</sup> Special (E3)
11 Student	<input type="checkbox"/> \$ 1,087.00	<input type="checkbox"/> \$ 921.00	<input type="checkbox"/> \$ 753.00	<input type="checkbox"/> \$ 545.00
12 Spouse	<input type="checkbox"/> \$ 1,087.00	<input type="checkbox"/> \$ 921.00	<input type="checkbox"/> \$ 753.00	<input type="checkbox"/> \$ 545.00
13 Each Child	<input type="checkbox"/> \$ 1,087.00	<input type="checkbox"/> \$ 921.00	<input type="checkbox"/> \$ 753.00	<input type="checkbox"/> \$ 545.00
14 All Children	<input type="checkbox"/> \$ 2,174.00	<input type="checkbox"/> \$ 1,840.00	<input type="checkbox"/> \$ 1,506.00	<input type="checkbox"/> \$ 1,089.00
15 All Dependents	<input type="checkbox"/> \$ 3,261.00	<input type="checkbox"/> \$ 2,761.00	<input type="checkbox"/> \$ 2,259.00	<input type="checkbox"/> \$ 1,634.00
	4 <sup>th</sup> Special (E4)	5 <sup>th</sup> Special (E5)	6 <sup>th</sup> Special (E6)	7 <sup>th</sup> Special (E7)
11 Student	<input type="checkbox"/> \$ 378.00	<input type="checkbox"/> \$ 191.00	<input type="checkbox"/> \$ 166.00	<input type="checkbox"/> \$ 166.00
12 Spouse	<input type="checkbox"/> \$ 378.00	<input type="checkbox"/> \$ 191.00	<input type="checkbox"/> \$ 166.00	<input type="checkbox"/> \$ 166.00
13 Each Child	<input type="checkbox"/> \$ 378.00	<input type="checkbox"/> \$ 191.00	<input type="checkbox"/> \$ 166.00	<input type="checkbox"/> \$ 166.00
14 All Children	<input type="checkbox"/> \$ 756.00	<input type="checkbox"/> \$ 381.00	<input type="checkbox"/> \$ 333.00	<input type="checkbox"/> \$ 333.00
15 All Dependents	<input type="checkbox"/> \$ 1,134.00	<input type="checkbox"/> \$ 572.00	<input type="checkbox"/> \$ 499.00	<input type="checkbox"/> \$ 499.00
	8 <sup>th</sup> Special (E8)	9 <sup>th</sup> Special (E9)	10 <sup>th</sup> Special (EA)	
11 Student	<input type="checkbox"/> \$ 209.00	<input type="checkbox"/> \$ 166.00	<input type="checkbox"/> \$ 188.00	
12 Spouse	<input type="checkbox"/> \$ 209.00	<input type="checkbox"/> \$ 166.00	<input type="checkbox"/> \$ 188.00	
13 Each Child	<input type="checkbox"/> \$ 209.00	<input type="checkbox"/> \$ 166.00	<input type="checkbox"/> \$ 188.00	
14 All Children	<input type="checkbox"/> \$ 417.00	<input type="checkbox"/> \$ 333.00	<input type="checkbox"/> \$ 374.00	
15 All Dependents	<input type="checkbox"/> \$ 626.00	<input type="checkbox"/> \$ 499.00	<input type="checkbox"/> \$ 563.00	

**NOTE:** The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

**EFFECTIVE/EXPIRATION PERIODS:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Annual 07/07/2014 to 07/06/2015                  | <input type="checkbox"/> 4 <sup>th</sup> Special 03/02/2015 to 07/06/2015 | <input type="checkbox"/> 8 <sup>th</sup> Special 10/27/2014 to 01/04/2015  |
| <input type="checkbox"/> 1 <sup>st</sup> Special 09/01/2014 to 07/06/2015 | <input type="checkbox"/> 5 <sup>th</sup> Special 05/04/2015 to 07/06/2015 | <input type="checkbox"/> 9 <sup>th</sup> Special 01/05/2015 to 03/01/2015  |
| <input type="checkbox"/> 2 <sup>nd</sup> Special 10/27/2014 to 07/06/2015 | <input type="checkbox"/> 6 <sup>th</sup> Special 07/07/2014 to 08/31/2014 | <input type="checkbox"/> 10 <sup>th</sup> Special 03/02/2015 to 05/03/2015 |
| <input type="checkbox"/> 3 <sup>rd</sup> Special 01/05/2015 to 07/06/2015 | <input type="checkbox"/> 7 <sup>th</sup> Special 09/01/2014 to 10/26/2014 |  |

**Payment Instructions:** Make check or money order payable to UnitedHealthcare **StudentResources** name of authorized representative 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/devry](http://www.uhcsr.com/devry) and select the Enroll Now link to enroll online.