UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR DEPENDENTS

UNIVERSITY OF DENVER

2014-5893-1
2014-5893-4

PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.

SOCIAL SECURITY #:	OR STUDENT ID #:

LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:	MIDDLE INITIAL:

GENDER: ☐ MALE ☐ 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: ☐ MALE ☐ FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:

CHILD SOCIAL SECURITY #:	GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:

CHILD SOCIAL SECURITY #:	GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:

CHILD SOCIAL SECURITY #:	GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:

CHILD SOCIAL SECURITY #:	GENDER: ☐ MALE ☐ 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: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

Student's Signature: _____ Date: _____

EF-2014

Campus/School Attending: <u>University of Denver</u>

☐   **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: ☐ Dependents of Law Students Only

ID Codes		Annual (A-)	Fall (F-)	Spring (G-)	Summer (S-)
7	Spouse	☐ $ 6,308.00	☐ $ 3,154.00	☐ $ 3,154.00	☐ $ 1,577.00
8	Each Child	☐ $ 3,707.00	☐ $ 1,853.50	☐ $ 1,853.50	☐ $ 926.75
9	All Children	☐ $ 6,165.00	☐ $ 3,082.50	☐ $ 3,082.50	☐ $ 1,541.25
10	All Dependents	☐ $ 12,273.00	☐ $ 6,136.50	☐ $ 6,136.50	☐ $ 3,068.25

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.

INSURED CATEGORY: ☐   Dependents of All Other Students

ID Codes		Fall (F-)	Fall 1 (F1)	Winter (W-)	Spring (G-)	Spring 1 (G1)	Summer (S-)
2	Spouse	☐ $ 3,154.00	☐ $ 1,577.00	☐ $ 1,577.00	☐ $ 3,154.00	☐ $ 1,577.00	☐ $ 1,577.00
3	Each Child	☐ $ 1,853.50	☐ $ 926.75	☐ $ 926.75	☐ $ 1,853.50	☐ $ 926.75	☐ $ 926.75
4	All Children	☐ $ 3,082.50	☐ $ 1,541.25	☐ $ 1,541.25	☐ $ 3,082.50	☐ $ 1,541.25	☐ $ 1,541.25
5	All Dependents	☐ $ 6,136.50	☐ $ 3,068.25	☐ $ 3,068.25	☐ $ 6,136.50	☐ $ 3,068.25	☐ $ 3,068.25

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 FOR DEPENDENTS OF LAW STUDENTS:

☐ Annual	8/01/2014 to 7/31/2015	☐ Spring	1/01/2015 to 7/31/2015
☐ Fall	8/01/2014 to 12/31/2014	☐ Summer	5/28/2015 to 7/31/2015

EFFECTIVE/EXPIRATION PERIODS FOR DEPENDENTS OF ALL OTHER STUDENTS:

☐ Fall	9/01/2014 to 3/21/2015	☐ Spring	3/22/2015 to 8/31/2015
☐ Fall 1	9/01/2014 to 1/03/2015	☐ Spring 1	3/22/2015 to 6/13/2015
☐ Winter	1/04/2015 to 3/21/2015	☐ Summer	6/14/2015 to 8/31/2015

DEPENDENTS MAY ONLY ENROLL FOR THE CURRENT COVERAGE TERM. STUDENTS WISHING TO ENROLL THEIR DEPENDENTS FOR MORE THAN ONE TERM MUST COMPLETE A SEPARATE DEPENDENT ENROLLMENT FORM AT THE BEGINNING OF EACH COVERAGE TERM.

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

Dependents only: To request dependent coverage and pay online using a credit card or eCheck, please go to www.uhcsr.com/control and select the "Do you Need a Control Number?" link on the home page. Follow the on screen prompts to request coverage for your dependent. Make sure your email address is correct; we will enter your coverage request into our system and send you an email with instructions for making your premium payment online with a credit card or eCheck.

The State of Colorado requires UnitedHealthcare 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)		
☐	R1	American Indian / Alaska Native
☐	R2	Asian
☐	R3	Black / African American
☐	R4	Native Hawaiian or other Pacific Islander
☐	R5	White
☐	R9	Other (please enter)
☐	UNKNOWN	Unknown / Not Specified

Secondary Race (select one)		
☐	R1	American Indian / Alaska Native
☐	R2	Asian
☐	R3	Black / African American
☐	R4	Native Hawaiian or other Pacific Islander
☐	R5	White
☐	R9	Other (please enter)
☐	UNKNOWN	Unknown / Not Specified

Are you Hispanic/Latino/Spanish: ☐ **Yes**   ☐ **No**   ☐ **Unknown**

Primary Ethnicity (select one)		
☐	2060-2	African
☐	2058-6	African American
☐	AMERCN	American
☐	2028-9	Asian
☐	2029-7	Asian Indian
☐	BRAZIL	Brazilian
☐	2033-9	Cambodian
☐	CVERDN	Cape Verdean
☐	CARIBI	Caribbean Island
☐	2155-0	Central American (not otherwise specified)
☐	2034-7	Chinese
☐	2169-1	Columbian
☐	2182-4	Cuban
☐	2184-0	Dominican
☐	EASTEU	Eastern European
☐	2108-9	European
☐	2036-2	Filipino
☐	2157-6	Guatemalan
☐	2071-9	Haitian
☐	2158-4	Honduran
☐	2039-6	Japanese
☐	2040-4	Korean

Secondary Ethnicity (select one)		
☐	2060-2	African
☐	2058-6	African American
☐	AMERCN	American
☐	2028-9	Asian
☐	2029-7	Asian Indian
☐	BRAZIL	Brazilian
☐	2033-9	Cambodian
☐	CVERDN	Cape Verdean
☐	CARIBI	Caribbean Island
☐	2155-0	Central American (not otherwise specified)
☐	2034-7	Chinese
☐	2169-1	Columbian
☐	2182-4	Cuban
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☐	2157-6	Guatemalan
☐	2071-9	Haitian
☐	2158-4	Honduran
☐	2039-6	Japanese
☐	2040-4	Korean

Primary Ethnicity (select one)		
☐	2041-2	Laotian
☐	2148-5	Mexican, Mexican American, Chicano
☐	2118-8	Middle Eastern
☐	PORTUG	Portuguese
☐	2180-8	Puerto Rican
☐	RUSSIA	Russian
☐	2161-8	Salvadoran
☐	2165-9	South American (not otherwise specified)
☐	2047-9	Vietnamese
☐	OTHER	Other (please specify)
☐	UNKNOWN	Unknown / Not Specified

Secondary Ethnicity (select one)		
☐	2041-2	Laotian
☐	2148-5	Mexican, Mexican American, Chicano
☐	2118-8	Middle Eastern
☐	PORTUG	Portuguese
☐	2180-8	Puerto Rican
☐	RUSSIA	Russian
☐	2161-8	Salvadoran
☐	2165-9	South American (not otherwise specified)
☐	2047-9	Vietnamese
☐	OTHER	Other (please specify)
☐	UNKNOWN	Unknown / Not Specified

Primary Language (select one)					
☐	799	African Languages (please specify)	☐	724	Korean
☐	777	Arabic	☐	656	Persian
☐	708	Chinese (please specify)	☐	645	Polish
☐	601	Cape Verdean Creole	☐	629	Portuguese
☐	600	English	☐	639	Russian
☐	620	French	☐	625	Spanish
☐	607	German	☐	742	Tagalog
☐	637	Greek	☐	671	Urdu
☐	623	Haitian Creole	☐	728	Vietnamese
☐	778	Hebrew	☐	997	Other (please specify)
☐	663	Hindi	☐	998	Declined
☐	619	Italian	☐	999	Unavailable
☐	723	Japanese			