

UNITEDHEALTHCARE INSURANCE COMPANY ELECTION FORM FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS

MINNESOTA COMMUNITY & TECHNICAL COLLEGES

2016-1251-4

SOCIAL SECURITY #: LAST (FAMILY) NAME: GENDER: MALE FEMALE MONTHODAYYEAR) PERMANENT U.S. ADDRESS: (HOUSE/BUILDING # AND STREET NAME) CITY: STATE: ZIP CODE: TELEPHONE #: 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 SPOUSE SOCIAL SPOUSE SOCIAL GENDER: MIddle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURITY #: Middle Initial: Last (Family) Name: CHILD SOCIAL SECURIT	PRIMARY INSURED COMPLETE INF	ORMATION	BELOW FOR STUDE	ENT.				
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MALE	LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:				MIDDLE INITIAL:		
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	Student's Signature:		- F				Date:	

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INTERNATIONAL, F-VISA AND J-VISA SCHOLAR STUDENTS MUST CONTACT THEIR SCHOOL'S INTERNATIONAL OFFICE OR STUDENT HEALTH CENTER TO ENROLL IN THIS INSURANCE. DEPENDENTS OF ENROLLED STUDENTS MAY PURCHASE THIS INSURANCE BY FOLLOWING THE PAYMENT INSTRUCTIONS OR DEPENDENT ENROLLMENT INSTRUCTIONS AT THE BOTTOM OF THIS FORM.

<u>C</u> ,	ampus Location:								
	Alexandria Tech College			☐ Minnesota W	st Community & Tech Coll	ege Canby Campus			
	Anoka Technical College		☐ Minnesota W	☐ Minnesota West Community & Tech College Granite Falls Campus					
	Anoka-Ramsey Community Co		☐ Minnesota W	☐ Minnesota West Community & Tech College Jackson Campus					
	Anoka-Ramsey Community Co	S	☐ Minnesota West Community & Tech College Pipestone Campus						
	Central Lakes College Brainero	l Campus		☐ Minnesota W	st Community & Tech Coll	ege Worthington Campus			
	Central Lakes College Staples	Campus			ommunity College				
	Century College				n Community College				
	Dakota County Tech College				munity and Technical Col				
	Fond du Lac Tribal and Commi	•			n College Bemidji Campus	;			
] Hennepin Tech College Brookl			☐ Pine Tech Col					
] Hennepin Tech College Eden P	rairie Campus		☐ Rainy River C	, ,				
	☐ Hibbing Community College			☐ Ridgewater College Hitchinson Campus					
	☐ Inver Hills Community College			☐ Ridgewater College Willmar Campus					
	Itasca Community College		☐ Riverland Community College Albert Lea Campus						
	☐ Lake Superior College			☐ Riverland Community College Austin Campus					
	Mesabi Range Comm&Tech Co				☐ Riverland Community College Owatonna Campus				
	☐ Mesabi Range Comm&Tech College Virginia MN			☐ Rochester Community and Tech College					
	☐ Minneapolis Community and Tech College				☐ Saint Paul College - A Community & Technical College				
	☐ Minnesota State College - Southeast Tech Red Wing Campus				ech College Faribault Car				
	Minnesota State College - Sou				ech College Mankato Car	mpus			
	Minnesota State Community a			☐ St. Cloud Tech					
	Minnesota State Community a			☐ Vermilion Cor					
	Minnesota State Community aMinnesota State Community a	_		☐ Other (Print N	ille of Callipus)				
	i Willinesota State Collinatify a	nu recimical conege, was	иена						
	I elect to purchase bla	nket Injury and Sicl	kness ins	surance covera	e under the College	e's student blanket insur	ance		
	plan. Below are the cl	noices I have made.							
	ASE CHECK ALL APPROP	RIATE BOXES.							
	SURED CATEGORY:	☐ Internation							
D C	odes	Annual (A-)	Spring	/Summer (J-)	Summer (S-)				
	Student	□ \$ 1,356.00	□ \$	840.00	□ \$ 394.00				
)	Spouse	□ \$ 1356.00	□ \$	840.00	□ \$ 394.00				
- >	One Child	□ \$ 1,356.00	•	840.00	□ \$ 394.00				
			-		•				
ŀ	Two or More Children	□ \$ 2,712.00		,680.00	□ \$ 788.00				
5	Spouse and 2 or More	□ \$ 4,068.00	□ \$ 2	,520.00	□ \$ 1,182.00				
	Children								
EEF	ECTIVE/EXPIRATION PE	PIODS:							
	Annual 08/15/20			Spring/Summer	01/01/2017 to 08/14	1/2017			
_	Summer 05/01/20		Ш	Opring/Gammer	7170172017 (0 00/14	72017			
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	ction card along with prem								
	tedHealthcare Student Re	Sources							
	Box 809026								
ual									
	las, TX 75380-9026.	lit oard billing is very	only roca	int and natificati	n of coverage The s	tudant is reenancible for t	imaly		
Υοι					n of coverage. The s	tudent is responsible for t	imely		

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.

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