

UNITEDHEALTHCARE INSURANCE COMPANY
ELECTION FORM FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS

MINNESOTA COMMUNITY & TECHNICAL COLLEGES

2016-1251-4

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 election card; 2) Rates are not pro-rated other than as listed on this election 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. A student who requests to cancel coverage under the Policy will receive a refund of unearned premium as of the time of cancellation if the unearned premium is for a period of more than one month. The return of unearned premium will be delivered to the Insured within 30 days following receipt of the Insured's request for cancellation.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing false, incomplete or misleading information may be subject to criminal and/or civil penalties.

Student's Signature: _____

Date: _____

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.

Campus Location:

- | | |
|---|---|
| <input type="checkbox"/> Alexandria Tech College | <input type="checkbox"/> Minnesota West Community & Tech College Canby Campus |
| <input type="checkbox"/> Anoka Technical College | <input type="checkbox"/> Minnesota West Community & Tech College Granite Falls Campus |
| <input type="checkbox"/> Anoka-Ramsey Community College Cambridge Campus | <input type="checkbox"/> Minnesota West Community & Tech College Jackson Campus |
| <input type="checkbox"/> Anoka-Ramsey Community College Coon Rapids Campus | <input type="checkbox"/> Minnesota West Community & Tech College Pipestone Campus |
| <input type="checkbox"/> Central Lakes College Brainerd Campus | <input type="checkbox"/> Minnesota West Community & Tech College Worthington Campus |
| <input type="checkbox"/> Central Lakes College Staples Campus | <input type="checkbox"/> Normandale Community College |
| <input type="checkbox"/> Century College | <input type="checkbox"/> North Hennepin Community College |
| <input type="checkbox"/> Dakota County Tech College | <input type="checkbox"/> Northland Community and Technical College, East Grand Forks |
| <input type="checkbox"/> Fond du Lac Tribal and Community College | <input type="checkbox"/> Northwest Tech College Bemidji Campus |
| <input type="checkbox"/> Hennepin Tech College Brooklyn Park Campus | <input type="checkbox"/> Pine Tech College |
| <input type="checkbox"/> Hennepin Tech College Eden Prairie Campus | <input type="checkbox"/> Rainy River Community College |
| <input type="checkbox"/> Hibbing Community College | <input type="checkbox"/> Ridgewater College Hutchinson Campus |
| <input type="checkbox"/> Inver Hills Community College | <input type="checkbox"/> Ridgewater College Willmar Campus |
| <input type="checkbox"/> Itasca Community College | <input type="checkbox"/> Riverland Community College Albert Lea Campus |
| <input type="checkbox"/> Lake Superior College | <input type="checkbox"/> Riverland Community College Austin Campus |
| <input type="checkbox"/> Mesabi Range Comm&Tech College Eveleth MN | <input type="checkbox"/> Riverland Community College Owatonna Campus |
| <input type="checkbox"/> Mesabi Range Comm&Tech College Virginia MN | <input type="checkbox"/> Rochester Community and Tech College |
| <input type="checkbox"/> Minneapolis Community and Tech College | <input type="checkbox"/> Saint Paul College - A Community & Technical College |
| <input type="checkbox"/> Minnesota State College - Southeast Tech Red Wing Campus | <input type="checkbox"/> South Central Tech College Faribault Campus |
| <input type="checkbox"/> Minnesota State College - Southeast Tech Winona Campus | <input type="checkbox"/> South Central Tech College Mankato Campus |
| <input type="checkbox"/> Minnesota State Community and Technical College, Detroit Lakes | <input type="checkbox"/> St. Cloud Technical College |
| <input type="checkbox"/> Minnesota State Community and Technical College Fergus Falls | <input type="checkbox"/> Vermilion Community College |
| <input type="checkbox"/> Minnesota State Community and Technical College, Moorhead | <input type="checkbox"/> Other (Print Name of Campus) _____ |
| <input type="checkbox"/> Minnesota State Community and Technical College, Wadena | |

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

PLEASE CHECK ALL APPROPRIATE BOXES.

INSURED CATEGORY:

International

ID Codes	Annual (A-)	Spring/Summer (J-)	Summer (S-)
1 Student	<input type="checkbox"/> \$ 1,356.00	<input type="checkbox"/> \$ 840.00	<input type="checkbox"/> \$ 394.00
2 Spouse	<input type="checkbox"/> \$ 1356.00	<input type="checkbox"/> \$ 840.00	<input type="checkbox"/> \$ 394.00
3 One Child	<input type="checkbox"/> \$ 1,356.00	<input type="checkbox"/> \$ 840.00	<input type="checkbox"/> \$ 394.00
4 Two or More Children	<input type="checkbox"/> \$ 2,712.00	<input type="checkbox"/> \$ 1,680.00	<input type="checkbox"/> \$ 788.00
5 Spouse and 2 or More Children	<input type="checkbox"/> \$ 4,068.00	<input type="checkbox"/> \$ 2,520.00	<input type="checkbox"/> \$ 1,182.00

EFFECTIVE/EXPIRATION PERIODS:

- Annual 08/15/2016 to 08/14/2017 Spring/Summer 01/01/2017 to 08/14/2017
- Summer 05/01/2017 to 08/14/2017

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail this election 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.

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.