

UNITEDHEALTHCARE INSURANCE COMPANY  
CONTINUATION ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

UNIVERSITY OF UTAH

2016-2310-1

<b>PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.</b>			
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 immediately following the expiration of the regular student plan and must be purchased within 30 days after the expiration date of your student coverage. If premium is not received within 30 days, the premium will be refunded. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated other than as listed on this enrollment form; 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: University of Utah

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

**Eligibility:** All Insured Persons who have been continuously insured under the school's regular student policy for at least 3 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than 6 months under the school's policy in effect. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

PLEASE CHECK ALL APPROPRIATE BOXES.

**INSURED CATEGORY:**  Continuation

Period Codes	Monthly (MX) (6 months maximum)
ID Codes	
11 Student	<input type="checkbox"/> \$ 153.00
12 Spouse	<input type="checkbox"/> \$ 153.00
13 One Child	<input type="checkbox"/> \$ 153.00
14 Two or More Children	<input type="checkbox"/> \$ 306.00
15 Spouse + Two or More Children	<input type="checkbox"/> \$ 459.00

**EFFECTIVE/EXPIRATION PERIODS:**

Annual 8/16/2016 to 8/15/2017

**TO CALCULATE YOUR RATE:**

Rate x # of months eligible = amount due

Example: \$153.00 x 6 months = \$918.00

**CALCULATION FOR MONTHLY PREMIUM:**

Monthly premium: \$ \_\_\_\_\_

Multiply by # of months: \_\_\_\_\_

Total premium enclosed: \$ \_\_\_\_\_

\*PLEASE NOTE: The Continuation Privilege will allow you to purchase up to a maximum of 6 consecutive months, but not longer than the current plan year. Incorrect payment amounts will be returned and no coverage will be in effect.

If the student is still eligible for continuation at the beginning of the next Policy Year, the student must purchase any remaining months of coverage (6 Months of coverage less any months of coverage in the previous Policy Year) under the new policy as chosen by the school.

Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year. Incorrect payment amounts will be returned and no coverage will be in effect. Coverage is effective immediately following the expiration under the previous continuation plan and must be purchased within 30 days after the expiration date of your previous continuation coverage. If premium is not received within 30 days, the premium will be refunded.

**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.

The State of Utah 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)		
<input type="checkbox"/>	R1	American Indian / Alaska Native
<input type="checkbox"/>	R2	Asian
<input type="checkbox"/>	R3	Black / African American
<input type="checkbox"/>	R4	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	R5	White
<input type="checkbox"/>	R9	Other (please enter)
<input type="checkbox"/>	UNKNOWN	Unknown / Not Specified

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

Are you Hispanic/Latino/Spanish:  Yes  No  Unknown

Primary Ethnicity (select one)		
<input type="checkbox"/>	2060-2	African
<input type="checkbox"/>	2058-6	African American
<input type="checkbox"/>	AMERCN	American
<input type="checkbox"/>	2028-9	Asian
<input type="checkbox"/>	2029-7	Asian Indian
<input type="checkbox"/>	BRAZIL	Brazilian
<input type="checkbox"/>	2033-9	Cambodian
<input type="checkbox"/>	CVERDN	Cape Verdean
<input type="checkbox"/>	CARIBI	Caribbean Island
<input type="checkbox"/>	2155-0	Central American (not otherwise specified)
<input type="checkbox"/>	2034-7	Chinese
<input type="checkbox"/>	2169-1	Columbian
<input type="checkbox"/>	2182-4	Cuban
<input type="checkbox"/>	2184-0	Dominican
<input type="checkbox"/>	EASTEU	Eastern European
<input type="checkbox"/>	2108-9	European
<input type="checkbox"/>	2036-2	Filipino
<input type="checkbox"/>	2157-6	Guatemalan
<input type="checkbox"/>	2071-9	Haitian
<input type="checkbox"/>	2158-4	Honduran
<input type="checkbox"/>	2039-6	Japanese
<input type="checkbox"/>	2040-4	Korean
<input type="checkbox"/>	2041-2	Laotian
<input type="checkbox"/>	2148-5	Mexican, Mexican American, Chicano
<input type="checkbox"/>	2118-8	Middle Eastern
<input type="checkbox"/>	PORTUG	Portuguese
<input type="checkbox"/>	2180-8	Puerto Rican
<input type="checkbox"/>	RUSSIA	Russian
<input type="checkbox"/>	2161-8	Salvadoran

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<input type="checkbox"/>	RUSSIA	Russian
<input type="checkbox"/>	2161-8	Salvadoran

Primary Ethnicity (select one)		
<input type="checkbox"/>	2165-9	South American (not otherwise specified)
<input type="checkbox"/>	2047-9	Vietnamese
<input type="checkbox"/>	OTHER	Other (please specify)
<input type="checkbox"/>	UNKNOWN	Unknown / Not Specified

Secondary Ethnicity (select one)		
<input type="checkbox"/>	2165-9	South American (not otherwise specified)
<input type="checkbox"/>	2047-9	Vietnamese
<input type="checkbox"/>	OTHER	Other (please specify)
<input type="checkbox"/>	UNKNOWN	Unknown / Not Specified

Primary Language (select one)		
<input type="checkbox"/>	799	African Languages (please specify)
<input type="checkbox"/>	777	Arabic
<input type="checkbox"/>	708	Chinese (please specify)
<input type="checkbox"/>	601	Cape Verdean Creole
<input type="checkbox"/>	600	English
<input type="checkbox"/>	620	French
<input type="checkbox"/>	607	German
<input type="checkbox"/>	637	Greek
<input type="checkbox"/>	623	Haitian Creole
<input type="checkbox"/>	778	Hebrew
<input type="checkbox"/>	663	Hindi
<input type="checkbox"/>	619	Italian
<input type="checkbox"/>	723	Japanese

<input type="checkbox"/>	724	Korean
<input type="checkbox"/>	656	Persian
<input type="checkbox"/>	645	Polish
<input type="checkbox"/>	629	Portuguese
<input type="checkbox"/>	639	Russian
<input type="checkbox"/>	625	Spanish
<input type="checkbox"/>	742	Tagalog
<input type="checkbox"/>	671	Urdu
<input type="checkbox"/>	728	Vietnamese
<input type="checkbox"/>	997	Other (please specify)
<input type="checkbox"/>	998	Declined
<input type="checkbox"/>	999	Unavailable
<input type="checkbox"/>		