

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR STANDALONE REPATRIATION/MEDICAL EVACUATION

UNIVERSITY OF UTAH

2016-2310-1

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 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: University of Utah

NOTE: Please visit www.uhcsr.com/UHCGlobal for the UnitedHealthcare Global brochure which includes service descriptions and program exclusions and limitations. All services must be arranged and provided by UnitedHealthcare Global, any services not arranged by UnitedHealthcare Global will not be considered for payment.

Please check all appropriate boxes.

INSURED CATEGORY: Standalone Repatriation / Medical Evacuation

ID Codes	Annual (A-)
6 Student	<input type="checkbox"/> \$ 75.00
7 Spouse	<input type="checkbox"/> \$ 75.00
8 One Child	<input type="checkbox"/> \$ 75.00
9 Two or More Children	<input type="checkbox"/> \$ 150.00
10 Spouse + Two or More Children	<input type="checkbox"/> \$ 225.00

NOTICE: UnitedHealthcare Global will be effective the date the correct amount due is received by UnitedHealthcare StudentResources or the Effective Date of the coverage period, whichever is later.

Please check all appropriate boxes.

EFFECTIVE/EXPIRATION PERIODS:

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

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.

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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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"/>		