## UnitedHealthcare Insurance Company Enrollment Form - Vision

2016-284-1

## Old Dominion University



Send completed application with check made payable to UnitedHealthcare **Student**Resources to: UnitedHealthcare **Student**Resources, PO Box # 809026, Dallas, Texas 75380-9026.

SOCIAL SECURITY NUBER			SCHOOL ID NUMBER					☐ Enroll ☐ Cancel ☐ Change ☐ Address Change ☐ Name Change ☐ Date of Change ☐ / /					
LAST NAME FIRST				NAME			MI			LLEE'S OF BIRTH			
ADDRESS			<b>'</b>	C	ITY		<b>'</b>	STATE			ZIP		
TELEPHONE	NUMBER	R Home	( )	Work ( )							□ Male □ Female		
PLAN PERIC	)D									☐ Singl	e □M	larried	
□Annual	Enroll	ment Deadlin	e: 9/15/16	Ef	fective and	Termination D	ates: 8/1/1	6 - 7/31/17	,				
PLAN COVE	RAGE	□ Student	ıdent + Spous	use I			☐ Student + Child(ren)			☐ Student + Family			
			Spouse &	INFORMA Unmarried		R DEPENDEN t Children O			Birth)				
First Name	ast Name (if	different)	Date of Birth (Mo/Day/Yr)		onship**	If child is over age 19, please indicate status and school							
					□ Wife	□ Husband	Student at			☐ Enroll ☐ Change ☐ Cancel			
		otaantat					□ Male □ Female						
					□Son [	□ Daughter	Student at			□ Enro	II □ Change	e □ Cancel	
										☐ Male	☐ Female	)	
					□ Daughter	Student at			☐ Enroll ☐ Change ☐ Cancel				
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						□ Daughter	Student at			□ Enro		e □ Cancel	
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					□ Son [	⊐ Daughter	Student at	<u> </u>		☐ Enroll ☐ Change ☐ Cancel			
										☐ Male ☐ Female			
Please send a would like to u	se a credit	card to enrol	l, please g	o to www.uhcs	sr.com/odu	and select th	e Enroll No	w link to e	nroll online	е.			
				umentation m lependent doe									
Annual	Annual Student \$121.44 Student + Child(re				\$270.12 Student + 5		pouse \$230.28 Stud		Student -	+ Family \$379.92			
I confirm that t	he informa	ition I have pr	ovided on	this form is co	mplete and	d accurate.							
Any person wl for insurance i								or knowin	gly presen	its false ir	nformation in	an application	
SIGNATURE:						DATE:							
UnitedHealthcin New York), l													

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