## UnitedHealthcare Insurance Company Enrollment Form - Vision

2016-566-1



## ABRAHAM BALDWIN AGRICULTURAL COLLEGE

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

SOCIAL SECURITY NUMBER	SCHOOL ID N		☐ Enroll ☐ Cancel ☐ Change ☐ Address Change ☐ Name Change Date of Change/							
LAST NAME	FIRST NAME MI					ENROLLEE'S DATE OF BIRTH				
ADDRESS		CI	TY		•	STATE	•		ZIP	
TELEPHONE NUMBER Home (	)	'	Wo	ork (		•		□ Male	□ Female	
PLAN PERIOD  □ Annual Enrollment Deadline:	: 9/15/16	Effe	ective and 1	Termination I	Dates: 8/1/1	6 – 7/31/17		□ Single	☐ Married	
PLAN COVERAGE ☐ Student ☐ Student + Sp			use 🗆 Stud			dent + Child	(ren)	☐ Student + Family		
	INF Spouse & Unm				NT COVERA Only (Include		Birth)			
First Name Initial Last Name (if di		(Mo/Day/Yr)			If child is over age 19, please indicate status and school					
			□ Wife □	□ Husband	Student at				☐ Change ☐ Ca	ıncel
								□ Male		
			□Son □Daughter	Daughter	Student at				☐ Change ☐ Ca	ıncel
								☐ Male		
			□Son □ Daughter	Student at				☐ Change ☐ Ca	ıncel	
								☐ Male	☐ Change ☐ Ca	
			☐ Son ☐ Daughter S			Student at		☐ Male	☐ Female	IIICEI
								☐ Change ☐ Ca	ancel	
	☐ Son ☐ Daughter St			Student at			□ Male			
Please send a check or money order	for your premiu	ım pavm	ent. along	with your c	ompleted an	d signed er	rollment			ed. If
you would like to use a credit card to e										
* Domestic Partner coverage is determ ** For court ordered dependent, le qualifications for full-time student s	egal documenta	ation mu	ist be atta	ached. Plea	se see stud	dent repres	entative	for more	information about	
	Student + Child(ren) \$2	69.54	Student + Spouse	\$229.83	Studen Famil	44/	9.09			
confirm that the information I have pro	vided on this for	rm is cor	nplete and	accurate.						
Any person who knowingly presents a for insurance is guilty of a crime and ma						or knowingl	y presen	ts false inf	formation in an app	olicatio
SIGNATURE:						DATE:				
UnitedHealthcare Vision insurance prod							nce Com	noany Har	tford Connecticut	(excen

in New York), UnitedHealthcare Insurance Company of New York, Hauppauge, New York (New York only), or United Healthcare Services, Inc.