PLEASE COMPLETE THIS FORM IN BLOCK LETTER PRINT USE BLACK INK

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR DEPENDENTS OF GRADUATE STUDENTS

PROCESSOR STAMP DATE RECEIVED HERE

UNIVERSITY OF ALASKA FAIRBANKS

2010-335-2

SOCIAL SECURITY # _______-_____-___________ **or** SCHOOL ID# ______________________

PRIMARY INSURED STUDENT NAME: ____
Last (Family) Name

____
First (Given) Name — Middle Initial

GENDER: ❑ Male ❑ Female (Check one) DATE OF BIRTH: ______ - ____ - ______ (Month Day Year) EXPECTED DATE OF GRADUATION: ______ - _____ (Month Year)

PERMANENT ADDRESS: ____
House/Building Number and Street Name

Apt. or P.O. Box # or Rural Route | City | County | State | ZIP - Code

MAILING ADDRESS: ____
House/Building Number and Street Name

Apt. or P.O. Box # or Rural Route | City | County | State | ZIP - Code

TELEPHONE # ________ - ______ - __________ E-MAIL ADDRESS: ______________________________

Complete information below for Dependents to be insured. Dependent coverage is available only for Dependents of Students insured under the Plan.

SPOUSE: ______ - ______ - __________ ❑ Male ❑ Female Date of Birth : ______ - ______ - ______
Social Security Number (Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: ______ - ______ - __________ ❑ Male ❑ Female Date of Birth : ______ - ______ - ______
Social Security Number (Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: ______ - ______ - __________ ❑ Male ❑ Female Date of Birth : ______ - ______ - ______
Social Security Number (Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: ______ - ______ - __________ ❑ Male ❑ Female Date of Birth : ______ - ______ - ______
Social Security Number (Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: ______ - ______ - __________ ❑ Male ❑ Female Date of Birth : ______ - ______ - ______
Social Security Number (Check One) Month Day Year

First (Given) Name M/I 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**.

STUDENT'S SIGNATURE: ______________________________ DATE: __________________

06-NRL

UNIVERSITY OF ALASKA FAIRBANKS 2010-335-2

CAMPUS LOCATION: UNIVERSITY OF ALASKA FAIRBANKS

Optional Major Medical coverage may only be purchased simultaneously and in conjunction with the purchase of basic coverage at the time of initial enrollment in the Plan. Students may purchase optional coverage for themselves or for themselves and all family members.

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

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: ALL

GTA / FELLOWSHIP

ID CODES		Annual (A-)	Fall (F-)	Spring (G-)	Spring/Summer (J-)	Summer (S-)
B	Spouse	❑ $4670.00	❑ $1791.00	❑ $1689.00	❑ $2879.00	❑ $1190.00
C	Each Child	❑ $2000.00	❑ $ 767.00	❑ $ 723.00	❑ $1233.00	❑ $ 510.00
D	All Children	❑ $4603.00	❑ $1766.00	❑ $1665.00	❑ $2837.00	❑ $1173.00
J	Optional Major Medical (Spouse)	❑ $ 420.00				
K	Optional Major Medical (Each Child)	❑ $ 420.00				
L	Optional Major Medical (All Children)	❑ $ 965.00				

RESEARCH ASSISTANTS

ID CODES		Annual (A-)	Fall (F-)	Spring (G-)	Spring/Summer (J-)	Summer (S-)
F	Spouse	❑ $4670.00	❑ $1791.00	❑ $1689.00	❑ $2879.00	❑ $1190.00
G	Each Child	❑ $2000.00	❑ $ 767.00	❑ $ 723.00	❑ $1233.00	❑ $ 510.00
H	All Children	❑ $4603.00	❑ $1766.00	❑ $1665.00	❑ $2837.00	❑ $1173.00
J	Optional Major Medical (Spouse)	❑ $ 420.00				
K	Optional Major Medical (Each Child)	❑ $ 420.00				
L	Optional Major Medical (All Children)	❑ $ 965.00				

EFFECTIVE / EXPIRATION PERIODS:

Annual	❑ 8-25-2010 to 8-24-2011
Fall	❑ 8-25-2010 to 1-11-2011
Spring	❑ 1-12-2011 to 5-23-2011
Spring/Summer	❑ 1-12-2011 to 8-24-2011
Summer	❑ 5-24-2011 to 8-24-2011

Payment Instructions: Make check or money order payable to UnitedHealthcare **Student**Resources in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail or bring in this enrollment card along with premium payment to UnitedHealthcare **Student**Resources, PO Box 809026, Dallas, TX 75380-9026. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION

CHARGE FULL AMOUNT $__________ ❑ VISA or ❑ MASTERCARD # ____________________ Expiration Date ____ - ____ Month Year

AUTHORIZED SIGNATURE ______________________________ DATE ________________

OR PAID BY CHECK # __________________ AMOUNT PAID $________.____