University of Colorado – Denver International Qualifying Life Event Request

NATURE OF YOUR QUALIFYING LIFE EVENT:

If you experience a Qualifying Life Event (QLE) (e.g. loss of health insurance coverage, no longer eligible on your marriage, etc.) during the plan year (8/1/19 - 07/31/20), you can enroll in the University

of Colorado – Denver International health insurance for the remainder of the current coverage period. Please complete this form and sign and date it.
Reason for Qualifying Event:
□ Loss of coverage under another plan
□ Marital Status
□ Adoption of a Child/Birth of a Child
☐ Guardianship Appointment
☐ International Students: Arrival of Spouse/Dependents in Country
Other (please detail)
Utilei (piease detaii).
Date of Qualifying Life
Event:
PRIMARY INSURED INFORMATION:
Name:
Name.
(Last name, first name)
School ID #:(Required)
(Kequirea)
ENROLLMENT & PAYMENT INSTRUCTIONS:
A QLE is required for the primary insured and dependents to be eligible to enroll in the school health insurance plan at a time outside of the enrollment period. Enrollment in the plan must occur within 30 days of the QLE. Premiums are not pro-rated.
To pay with a credit card or eCheck: Email this completed form and your school injury and sickness insurance enrollment form to sidhelp@uhcsr.com . Your coverage request will be registered and you will be sent a notification email with instructions for making your premium payment online. You may also fax this form to 469-229-5612.
Student Signature: Date:
ottudent orginature.
FOR MORE INFORMATION: Call 1-800-767-0700 or Email customerservice@uhcsr.com.
FOR ADMINISTRATIVE USE ONLY:
Date: Approved By:
Effective Enrollment Date: Premium Amount:



UNITEDHEALTHCARE INSURANCE COMPANY ENROLLMENT FORM FOR QUALIFYING LIFE EVENT STUDENTS

ocessor	Date Sta	лпр кесе	eiveu	пете

Date: _____

	VERSITY OF COLOI		IVER INTER	RNATIONA	L	2019-202710-4
PRIMARY INSURED COMPLETE I	NFORMATION BELOW F	OR STUDENT.				
LAST (FAMILY) NAME:	FIRST (G	GIVEN) NAME:			MIDDLE	INITIAL:
GENDER: MALE FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)			SCHO	DOL ID #:	
PERMANENT U.S. ADDRESS: (HOU	SE/BUILDING # AND STE	REET NAME)				
CITY:		ST/	ATE:		ZIP CODE:	
TELEPHONE #:		EM	AIL ADDRESS	S:		
DEPENDENT INFORMATION Complete information below for De (Please include a blank sheet for a SPOUSE:		. Dependent co	J	ly available f		sured under the Plan
First (Given) Name:	Middle	MALE D		(MONTH/DA (Family) Na		
		ai.				
CHILD:	GENDER:	□ MALE □	_	DATE OF BIF (MONTH/DA		
First (Given) Name:	Middle	Initial:	Last	(Family) Na	me:	
CHILD:	GENDER:	□ MALE □	_	DATE OF BIF (MONTH/DA		
First (Given) Name:	Middle	Initial:	Last	(Family) Na	me:	
CHILD:	GENDER:	☐ MALE ☐		DATE OF BIF (MONTH/DA		
First (Given) Name:	Middle	Initial:	Last	(Family) Na	me:	
CHILD:	GENDER:	☐ MALE ☐	_	DATE OF BIF (MONTH/DA		
First (Given) Name:	Middle	Initial:	Last	(Family) Na	me:	
Company or the effective date of the tudent acknowledges the following: his enrollment form; 2) Rates are requirements for this coverage as deside premium will be refunded. Premium of the company of th	coverage period, which 1) The student has care not pro-rated other than ceribed in the Certificate m will not be refunded of de false, incomplete, or mis enalties may include impri- covingly provides false, incomplete false, inc	never is later, usefully read the end as listed on of Coverage; except for ineligible sleading facts or sonment, fines, complete, or mistoclaimant with respect to the sleading facts or some complete.	nless otherw Certificate of this enrollmand 4) If it is gibility or ent information to denial of insura leading facts egard to a set	ise stated in Coverage a ent form; 3) ater determinance into the an insurance of ance and civil or information thement or aw	the Master P and elects to e The student aned that the s are armed force company for the damages. Any a to a policyhol	olicy. By signing, the enroll as indicated on meets the eligibility tudent is not eligible, es. e purpose of defrauding insurance company or der or claimant for the

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Student's Signature:

Campus/School Attending: <u>University of Colorado Denver International</u>

	I elect to purchase Injury ar are the choices I have made		ckness insurance coverage	under	er the University's student insurance plan. Below	
F	PLEASE CHECK ALL APPROPRIATE	BOXI	ES.			
	NSURED CATEGORY:				International	
ID	Codes		Monthly (MX)			
1	Student		□ \$ 184.00			
2	Spouse / Domestic Partner		□ \$ 109.00			
3	One Child		□ \$ 109.00			
4	Two or more Children		□ \$ 218.00			
5	Spouse and 2 or more Children		□ \$ 327.00			
Cov cor Mod	rrect premium payment. nthly coverage expires 1 month foll	owin	g receipt of your premium or 7. emium are received after this reed. Requested Effective Date:	/31/20 quest	sted effective date, your effective date will be the dat	
F	Rate x # of months eligible = amou	nt du	e Example: \$184.00 x 3			
•	tato x ii oi montho oligibio alloc	111 40	CALCULATION FOR MONT			
N	Monthly premium: \$ Multiply by # of months: Fotal premium enclosed: \$					
	Payment Instructions: Make chec	k or	money order payable to Unite			
€	enrollment card along with premium			edHea	althcare Student Resources in US dollars. Mail this	}
l F	enrollment card along with premium UnitedHealthcare Student Resource PO Box 809026 Dallas, TX 75380-9026.	n pay		edHea	althcare Student Resources in US dollars. Mail this	>

To pay with a credit card or eCheck:

Please complete the information in this enrollment form and email it to sidhelp@uhcsr.com. Your coverage request will be registered and you will be sent a notification email with instructions for making your premium payment online. You may also fax this form to 469-229-5612.

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The State of Colorado 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.

 \Box I have read the request for information and choose not to supply a response.

Prir	Primary Race (select one)					
	R1	American Indian / Alaska Native				
	R2	Asian				
R3 Black / African American						
	R4	Native Hawaiian or other Pacific Islander				
	R5	White				
	R9 Other (please enter)					
	UNKNOWN	Unknown / Not Specified				

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

Are you Hispanic/Latino/Spanish:	□ Yes	□ No	☐ Unknown	
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Pri	mary Ethnicity	y (select one)
	2060-2	African
	2058-6	African American
	AMERCN	American
	2028-9	Asian
	2029-7	Asian Indian
	BRAZIL	Brazilian
	2033-9	Cambodian
	CVERDN	Cape Verdean
	CARIBI	Caribbean Island
	2155-0	Central American (not otherwise specified)
	2034-7	Chinese
	2169-1	Columbian
	2182-4	Cuban
	2184-0	Dominican
	EASTEU	Eastern European
	2108-9	European
	2036-2	Filipino
	2157-6	Guatemalan
	2071-9	Haitian
	2158-4	Honduran
	2039-6	Japanese
	2040-4	Korean
	2041-2	Laotian
	2148-5	Mexican, Mexican American, Chicano
	2118-8	Middle Eastern
	PORTUG	Portuguese
	2180-8	Puerto Rican
	RUSSIA	Russian
	2161-8	Salvadoran

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

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Prin	Primary Ethnicity (select one)				
	2165-9	South American (not otherwise specified) Vietnamese			
	2047-9				
	OTHER	Other (please specify)			
П	UNKNOWN	Unknown / Not Specified			

Sec	Secondary Ethnicity (select one)					
	2165-9	South American (not otherwise specified)				
	2047-9	7-9 Vietnamese				
	OTHER	Other (please specify)				
	UNKNOWN	Unknown / Not Specified				

Prir	Primary Language (select one)						
	799	African Languages (please specify)		724	Korean		
	777	Arabic		656	Persian		
	708	Chinese (please specify)		645	Polish		
	601	Cape Verdean Creole		629	Portuguese		
	600	English		639	Russian		
	620	French		625	Spanish		
	607	German		742	Tagalog		
	637	Greek		671	Urdu		
	623	Haitian Creole		728	Vietnamese		
	778	Hebrew		997	Other (please specify)		
	663	Hindi		998	Declined		
	619	Italian		999	Unavailable		
	723	Japanese					

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NON-DISCRIMINATION NOTICE

UnitedHealthcare **Student**Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC Civil Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

የቋንቋ አርዳታ አንልግሎቶች በነጻ ይንኛሉ። አባክዎ ወደ 1-866-260-2723 ይደውሉ።

Arabic

تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 2723-260-1-866.

Armenian

Ձեզ մատչելի են անվՃար լեզվական օգնության ծառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্য পেতে পারেন। দ্য়া করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အစမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ် ပါ။

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

\$የጋኬብ፡፡ J OʻOʻU-III DA RGOʻOʻTIOUJAT hleggoʻo D4@T. Ig@ Dh øbWoʻs 1-866-260-2723.

Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla hochi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole-Haitian Creole

Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Guiarati

ભાષા સહ્યય સેવાઓ તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કૉલ કરો.

Hawaiian

Kōkua manuahi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

Hindi

आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

The

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesiar

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Jananes

無料の言語支援サービスをご利用いただけます。 1-866-260-2723 までお電話ください。

Karen

ကျိ႒်တာ်မၤစာၤအင်္ဂိုနမၤနု့ ໂအီၤသ္ဝဲလၢတလိဉ်ဟ္ဉ်အပ္ပ္သာဘဉ်(ဒီလီ)န္ဉ်လီၤ. ဝံသးရူးဆုံးကျိုးဘဉ်္ဉ1-866-260-2723တက္ကာ်.

Korean

언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتەكلىي بارمەتيى زمانى بەخۆر ايى بۆ تۆ دابين دەكريّن. تكاپە تەلەڧۆن بكە بۆ ژمار «ى 2723-866-168-1.

Laotia

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄໍ່າໃຫ້ແກ່ທໍ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wōṇāān. Jouj im kalļok 1-866-260-2723.

Micronesian-Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

Navajo

Saad bee áka'e'eyeed bee áka'nida'wo'ígíí t'áá jíík'eh bee nich'i' bee ná'ahoot'i'. T'áá shoodí kohji' 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Käk ë kuny ajuser ë thok atë tinë yin abac të cin wëu yeke thiëëc. Yin col 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 1-866-260-2723 تماس بگیرید.

Polish

Możesz skorzystać z bezplatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maaɗa. Noodu 1-866-260-2723.

Swahil

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

Syriac- Assyrian

چەچەققلامە تەخبۇقلامە تەلغىكە، ئۆچەكەمبەلە، ئەبىلا ھەتچە كىلىمەتچە . ئىلىغەن ئەچەپ . مەنى خىلەتكە، 2723-1866-1،

Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugu

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి. దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข

1-866-260-2733

Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

Ukrainian

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلامعاوضہ دستیاب ہیں۔ براہ مہربانی 2722-266-166 پر کال کریں۔

Vietnames

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 2-1-866-260.

Yorub

Isé ìrànlówó èdè tí ó jé òfé, wà fún ó. Pe 1-866-260-2723.