# UNITEDHEALTHCARE INSURANCE COMPANY ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

Processor Date Stamp Received	Here

# UNIVERSITY OF UTAH

2023-2310-1

LAST (FAMILY) NAME:	FIRST (GIVEN) NAM	E:	MIDDLE INITIAL:		
GENDER:	DATE OF BIRTH:				
☐ MALE ☐ FEMALE	(MONTH/DAY/YEAR)				
PERMANENT U.S. ADDRESS: (HOU	SE/BÜILDING # AND STREET NAM	IE)			
CITY:		STATE:	ZIP CODE:		
TELEPHONE #:	1	EMAIL ADDRESS:			
DEPENDENT INFORMATION					
Complete information below for d the Plan (Please include a blank s		dent coverage is	only available for students insured und		
SPOUSE:	GENDER:	/8.4	TE OF BIRTH: ONTH/DAY/YEAR)		
First (Given) Name:	Middle Initial:	Last (F	Family) Name:		
CHILD:	GENDER:  □ MALE □ FEMA	/8.4	ATE OF BIRTH: ONTH/DAY/YEAR)		
First (Given) Name:	Middle Initial:	Last (F	amily) Name:		
CHILD:	GENDER:	(3.4	TE OF BIRTH: ONTH/DAY/YEAR)		
First (Given) Name:	Middle Initial:		Family) Name:		
CHILD:	GENDER:	(3.4	TE OF BIRTH: ONTH/DAY/YEAR)		
First (Given) Name:	Middle Initial:		Family) Name:		
CHILD:	GENDER:	(3.4	ATE OF BIRTH: ONTH/DAY/YEAR)		
First (Given) Name:	Middle Initial:	Last (F	Family) Name:		
the Company or the effective date ining, the student acknowledges the indicated on this enrollment form; be eligibility requirements for this co	of the coverage period, whichever following: 1) The student has c 2) Rates are not pro-rated other overage as described in the Cert	er is later, unless arefully read the ( than as listed on the continuity of the cont	eived by the Company or a representate otherwise stated in the Master Policy. Certificate of Coverage and elects to enthis enrollment form; 3) The student mege; and 4) If it is later determined that of for ineligibility or entrance into the arm		
<b>PTICE:</b> Any person who knowingly y false, incomplete, or misleading			surer, files a statement of claim contain penalties.		
tudent's Signature:			Date:		

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	npus/School A ase print nam		ersity	/. Must	be comp	lete	d in order for	appl	ication to be	processed.
	I elect to pu Below are th					sura	nce coverage	e und	der the Unive	ersity's student insurance plar
PLE/	ASE CHECK AL	 _L APPROPI	RIAT	E BOXES						
INSI	URED CATEO	GORY:			ndergradu raduate	Jate				
ID	Codes		Anr	nual (A-)		Fal	II (F-)	Fa	II/Spring (H-)	Spring (G-)
1	Student			\$2,720	.00		\$1,026.00		\$2,037.00	□ \$1,011.00
2	Spouse			\$2,705	.00		\$1,020.00		\$2,025.00	□ \$1,005.00
3	One Child			\$2,705	.00		\$1,020.00		\$2,025.00	□ \$1,005.00
4	Two or more	Children		\$5,410	.00		\$2,040.00		\$4,050.00	□ \$2,010.00
5	Spouse + tw Children	o or more		\$8,115	.00		\$3,060.00		\$6,075.00	□ \$3,015.00
ID	Codes		Spr	ing/Sum	mer (J-)	Su	mmer (S-)			
1	Student			\$1,694	.00		\$683.00			
2	Spouse			\$1,685	.00		\$680.00			
3	One Child			\$1,685	.00		\$680.00			
4	Two or more	Children		\$3,370	.00		\$1,360.00			
5	Spouse + tw Children	o or more		\$5,055	.00		\$2,040.00			
							arged by the s associated w			eiving coverage through. Such fe llth plan.
EFF	ECTIVE/EXP	IRATION P	ERIC	DDS:						
□ Anr	nual	8/16/2023		to	8/15/2	2024				
□ Fall		8/16/2023		to	12/31/2	023				
⊒ Fall	/Spring	8/16/2023		to	5/15/2	:024				
□ Spr	-	1/01/2024		to	5/15/2	:024				
	ing/Summer	1/01/2024		to	8/15/2					
□ Sur	nmer	5/16/2024		to	8/15/2	:024				
	nent Instruction ment form alo					paya	able to Unitedh	Health	ncare Student	Resources in US dollars. Mail thi
РО В	dHealthcare S ox 809026		ourc	es						
Your		eck or credi					eceipt and no ce is received.		ion of covera	ge. The student is responsible fo

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 1-469-229-5612.

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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.

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

Prim	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:				⊔ No				□ Unknown
Prin	nary Ethnicity (sele	ct one)		S	Sec	ondary Ethnicity (	select one)	
	2060-2	African				2060-2	African	
	2058-6	African American		_		2058-6	African Amo	rican

 mary Eurinoty (editor 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				

ondary 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
	2058-6 AMERCN 2028-9 2029-7 BRAZIL 2033-9 CVERDN CARIBI 2155-0 2034-7 2169-1 2182-4 2184-0 EASTEU 2108-9 2036-2 2157-6 2071-9 2158-4 2039-6 2040-4 2041-2 2148-5 2118-8 PORTUG 2180-8 RUSSIA

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

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

Prim	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 <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>.

**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

#### Arabic

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

## 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 বিনামূল্যে পেতে পারেন। দ্যা করে 1-866-260-2723-তে কল করুন।

## Burmese

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

## Cambodian- Mon-Khmer

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

## Cherokee

SOLDON OPLOSAN OPLOET HE RECONTIOUNAT HLEGEOO DAGOT. FGGO DH OBWOS 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.

## Gujarati

ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર ક્રૉલ 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.

#### Ibo

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

#### Ilocan

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

## Indonesian

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.

# Japanese

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

ကျိ႒်တာ်မາစາເສຕິໂနမာနု၊်အီးသဲ့ဝဲလာတလိဉ်ဟ္ဉ်အပူးဘဉ်(ခီလီ)နှဉ်လီး. ဝံသးရှားဆုံးကျိုးဘဉ်1-866-260-2723တက္ကု်.

#### 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

خزمەتكانى يارمەتيى زمانى بەخۇر ايى بۆ تۆ دابين دەكريّن ـ تكايە تەلمەقۇن بكە بۆ ژ مار دى 272-600-866-1.

#### Laotia

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່ຳໃຫ້ແກ່ທ່ຳນ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

SR LAP 64 (6-18)

#### 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 kallok 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'nída'wo'ígíí t'áá jíík'eh bee nich'j' bee ná'ahoot'i'. T'áá shoodí kohjj' 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 atö tinë yin abac të cin wëu yeke thiëec. 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 1-262-260-186 تماس بگیرید.

#### Polish

Możesz skorzystać z bezpłatnej 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 maafa. Noodu 1-866-260-2723.

#### Swahili

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

## Syriac- Assyrian

چەھەتىكە دەخۇنەتە داغىكە، دېكىكەبدا، كەبلىر ھەتىكە كالەھەرى قىنىنە ئەخەرەكە-166-266.

#### 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 2723-266-186 پر کال کریں۔

#### Vietnamese

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 1-866-260-2723

#### Yoruba

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