

Enrollment will NOT be accepted after the Open Enrollment Period



(PLEASE PRINT CLEARLY or TYPE)

STUDENT INFORMATION									
Student Name		First		Middle Initial			Last		
Local & ID Card Mailing Address		Street or P.O.Box				City		State	Zip Code
Permanent Address		Street or P.O.Box				City		State	Zip Code
Email		(A confirmation email will be sent upon enrollment)					Phone/Cell Number		( ) -
Male		Female		Date of Birth	(MM/DD/YYYY) / /	SSN	- -	Student ID Number	(must be provided to be processed)

**ENROLLMENT TERMS & CONDITIONS:** Coverage will be effective the date the correct premium is received by the Company, or an authorized representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing below, the student acknowledges the following: **1)** Rates are not pro-rated other than as listed on this enrollment form; **2)** Student meets the eligibility requirements for this coverage as described in the brochure; **3)** If it is later determined that the student is not eligible, coverage will be deemed to have not been in force and the premium will be returned; and **4)** Other than entry into the Armed Forces, **the premium is not refundable.** It is the student's responsibility to make a timely renewal payment. This plan is underwritten by **UnitedHealthcare Insurance Company.**

I understand my information is protected by privacy laws and will be released only in accordance with these laws.

My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept it as applicable to me regarding the terms and conditions stated therein.

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

SEASON	COVERAGE DATE	ENROLLMENT DATES	TYPE OF STUDENT	PRICE	
<b>FALL</b>	08/01/2019 through 12/31/2019	<b>05/21/2019 through 09/23/2019</b>	Resident Students	<input type="checkbox"/>	\$ 662.50
	07/15/2019 through 12/31/2019	<b>05/21/2019 through 09/23/2019</b>	Early Arriving Student	<input type="checkbox"/>	\$ 720.50
	08/01/2019 through 12/31/2019	<b>05/21/2019 through 09/23/2019</b>	International Student	<input type="checkbox"/>	\$ 662.50
	07/15/2019 through 12/31/2019	<b>05/21/2019 through 09/23/2019</b>	Early Arriving International Student	<input type="checkbox"/>	\$ 720.50

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature of Student, or Parent if Student is under age 18)