

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS
UNIVERSITY OF TEXAS - AUSTIN

PROCESSOR STAMP DATE RECEIVED HERE

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2011-411-1

PRIMARY INSURED Complete information below for Student.

UT EID #:			
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR	EXPECTED DATE OF GRADUATION: _____ / _____ MONTH YEAR	
PERMANENT U.S. ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
MAILING ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	

DEPENDENT INFORMATION: Complete information below for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan (Please include a blank sheet for additional Dependents).

SPOUSE SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
First (Given) Name	Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
First (Given) Name	Middle Initial:	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.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

STUDENT'S SIGNATURE: _____

DATE: _____

CAMPUS/SCHOOL ATTENDING: UNIVERSITY OF TEXAS - AUSTIN

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:

Domestic Undergraduate
 Domestic Graduate
 English Language Program
 International Graduate
 International Undergraduate
 Visiting Faculty/ Scholar
 Employee

PERIOD CODES

	<u>Annual (A-)</u>	<u>Quarterly (QX)</u>	<u>Fall (F-)</u>	<u>Spring (G-)</u>	<u>Spring / Summer (J-)</u>	<u>Summer (S-)</u>
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ID CODES

01 Student	<input type="checkbox"/> \$ 1,204.00	<input type="checkbox"/> \$ 301.00	<input type="checkbox"/> \$ 472.00	<input type="checkbox"/> \$ 452.00	<input type="checkbox"/> \$ 732.00	<input type="checkbox"/> \$ 280.00
02 Spouse	<input type="checkbox"/> \$ 3,506.00	<input type="checkbox"/> \$ 877.00	<input type="checkbox"/> \$ 1,374.00	<input type="checkbox"/> \$ 1,316.00	<input type="checkbox"/> \$ 2,132.00	<input type="checkbox"/> \$ 816.00
03 All Children	<input type="checkbox"/> \$ 1,894.00	<input type="checkbox"/> \$ 473.00	<input type="checkbox"/> \$ 742.00	<input type="checkbox"/> \$ 710.00	<input type="checkbox"/> \$ 1,151.00	<input type="checkbox"/> \$ 441.00

OPTIONAL MAJOR MEDICAL (Per Person / Per Policy Year)

Optional coverage may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment. The Named Insured may purchase optional coverage for himself or for himself and all Dependent family members.

PERIOD CODES

	<u>Annual (A-)</u>
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ID CODES

04 Student	<input type="checkbox"/> \$ 648.00
05 Spouse	<input type="checkbox"/> \$ 648.00
06 Each Child	<input type="checkbox"/> \$ 648.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

Annual	<input type="checkbox"/> 08-25-2011 to 08-24-2012	<input type="checkbox"/> 02-25-2012 to 05-24-2012	<input type="checkbox"/> 05-25-2012 to 08-24-2012
Quarterly	<input type="checkbox"/> 08-25-2011 to 11-24-2011	<input type="checkbox"/> 11-25-2011 to 02-24-2012	
Fall	<input type="checkbox"/> 08-25-2011 to 01-15-2012		
Spring	<input type="checkbox"/> 01-16-2012 to 05-31-2012		
Spring / Summer	<input type="checkbox"/> 01-16-2012 to 08-24-2012		
Summer	<input type="checkbox"/> 06-01-2012 to 08-24-2012		

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail this enrollment card along with premium payment to:
 UnitedHealthcare **StudentResources**
 PO Box 809026
 Dallas, TX 75380-9026.

Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com, and use the Find My School's Plan link to search for your school. Select your school name from the search results to go to your school's page, and then select the Enroll Now link to enroll online.