

# UnitedHealthcare StudentResources

## Enrollment Form

Tufts University Health Sciences Schools

<b>To be completed by the Tufts SAHA Office</b>					
Name of School/Program:		Class Year:		Effective Date of Coverage:	
Type of Qualifying Event:				Qualifying Event Date:	
<b>Student Information</b>					
Last Name:		First Name:		Middle Initial:	Student ID #:
Street Address:		Apt #:	City:		State: Zip Code:
Email Address:			Telephone #:		Sex M/F: Date of Birth:
<input type="radio"/> NEW ENROLLMENT: Type of Coverage <input type="radio"/> Individual <input type="radio"/> 2 Person <input type="radio"/> Family <input type="radio"/> CHANGING CURRENT PLAN TO: <input type="radio"/> Individual <input type="radio"/> 2 Person <input type="radio"/> Family			<b>Notice To student:</b> 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) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student is not eligible, the premium will be refunded. <b>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.</b>		
<b>Dependent Information</b>					
Spouse (First Middle Last):			<input type="radio"/> ADD <input type="radio"/> REMOVE	Sex M/F:	Date of Birth:
Child/Dependent:			<input type="radio"/> ADD <input type="radio"/> REMOVE	Sex M/F:	Date of Birth:
Child/Dependent:			<input type="radio"/> ADD <input type="radio"/> REMOVE	Sex M/F:	Date of Birth:
Child/Dependent:			<input type="radio"/> ADD <input type="radio"/> REMOVE	Sex M/F:	Date of Birth:
Student Signature (Required):		Date:	SAHA Office Signature:		Date:

*Return form to the SAHA Office by mail, fax or email to [Cynthia.Linton@tufts.edu](mailto:Cynthia.Linton@tufts.edu)*

Student Advisory and Health Administration Office

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