CONTINUATION FORM – PROOF OF GRADUATION REQUIRED

UNIVERSITY OF HOUSTON

Continuation Option following Loss of Eligibility under the Student Health Insurance Plan Due to Graduation

2010/2011 Policy Year

Underwritten by "National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY"

Please Check One:

☐ Main Campus CHH9073441 ☐ Clear Lake Campus CHH9073381

☐ Victoria Campus CHH9073461 ☐ Downtown Campus CHH9073421

Complete this form in its entirety

Student Name: _____
Last First Middle

Date of Birth: _____ Student ID No. _____ People Soft ID Number_____

Address: _____
Street City State Zip

Email Address: _____Telephone #: _____

"I have read the brochure regarding the Student Health Insurance Plan, including the Notice of the Right of Continuation, and elect to continue coverage as shown below."

Signature of Student: _____ Date Signed: _____

THIS COMPLETED FORM, PROOF OF GRADUATION AND APPLICABLE PREMIUM MUST BE RECEIVED IN MACORI'S OFFICE WITHIN 31 DAYS IMMEDIATELY FOLLOWING YOUR TERMINATION DATE.

Premium for Basic Coverage		
Check One	Coverage Period	Premium Amount
☐	Student Only-30 days following termination date of coverage	$ 74.00
☐	Student Only-60 days following termination date of coverage	$148.00
☐	Student Only-90 days following termination date of coverage	$222.00
☐	Student Only-120 days following termination date of coverage	$296.00
☐	Student Only-150 days following termination date of coverage	$370.00
☐	Student Only-180 days following termination date of coverage	$444.00

Mail enrollment form and proof of graduation with check or money order made payable to "National Union Fire Insurance Company of Pittsburgh, Pa." to: Macori, P.O. Box 2478, Spring, Texas 77383-2478.

Complete the following if paying by Visa or MasterCard and mail to the above address:

Charge Card Authorization; ☐ Visa ☐ MasterCard

Card #: _____ Expiration Date: _____

Please charge this amount: _____

_____
(Print) Name of Cardholder

_____
Signature of Cardholder

COVERED PERSON'S ELIGIBILITY CEASES ON THE EARLIEST OF THE FOLLOWING: (A) The Covered Person has met the Maximum Policy Benefit under the Student Health Insurance Plan; or (B) The Termination Date of Coverage purchased.