### **UNITEDHEALTHCARE INSURANCE COMPANY ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS**

### **UNIVERSITY OF COLORADO DENVER, DOWNTOWN CAMPUS** INTERNATIONAL (INBOUND) PLAN

PROCESSOR STAMP DATE RECEIVED HERE

2014-202710-4

SOCIAL SECURITY #:			STUD	ENT ID #:				
			1==== :					Tanana a numan
AST (FAMILY) NAME:			FIRST (6	GIVEN) NAME	:			MIDDLE INITIAL:
GENDER:  DATE OF BIRTH:  MONTH				YEAR	EXPECTED DATE OF	F GRADUAT		// MONTH YEAR
PERMANENT U.S. ADDRESS - House/Building Numb	er and Stre	et Name:						
CITY:			STATE:				ZIP CODE:	
ELEPHONE #:			1	EMAIL ADI	DRESS:	I		
<b>DEPENDENT INFORMATION:</b> Complete information under the Plan (Please include a blank sheet for according to the Plan (Please include a blank sheet).	ation belov dditional D	v for Dep Jependen	endents to	o be insured.	Dependent coverag	je is only a	vailable for	Students insure
SPOUSE/DOMESTIC PARTNER SOCIAL SECURITY #:	GENDE	GENDER:		☐ FEMALE	DATE OF BIRTH:	MON	/ TH DAY	_/
irst (Given) Name	ľ	Middle Init	ial:	Last (Fan	nily) Name:			
CHILD SOCIAL SECURITY #:	GENDE	R:	MALE	☐ FEMALE	DATE OF BIRTH:	MON	/ TH DAY	/ YEAR
irst (Given) Name	1	Middle Init	ial:	Last (Fan	nily) Name:			
CHILD SOCIAL SECURITY #:	GENDE	R:	MALE	☐ FEMALE	DATE OF BIRTH:	MON'	/ TH DAY	/YEAR
irst (Given) Name	1	Middle Init	ial:	Last (Fan	nily) Name:			
CHILD SOCIAL SECURITY #:	GENDE	R:	MALE	☐ FEMALE	DATE OF BIRTH:	MON	/TH DAY	/YEAR
irst (Given) Name		Middle Init	ial:	Last (Fan	nily) Name:			
CHILD SOCIAL SECURITY #:	GENDE	R:	MALE	☐ FEMALE	DATE OF BIRTH:	MON	TH DAY	_/YEAR
irst (Given) Name	Middle Initia		ial:	Last (Fan	nily) Name:			
OTICE TO STUDENT: Coverage will be effective the da	ata tha aarr	root promi	um io rooo	ived by the Co	nmnany or a represen	itative of the	Company	or the offective de

NOTICE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

STUDENT'S SIGNATURE:	DATE:
	D71121

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# UNIVERSITY OF COLORADO DENVER, DOWNTOWN CAMPUS INTERNATIONAL (INBOUND) PLAN

☐ 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 APPROPRIA	TE BOXES			
	International			
	English Language Program			
	Practical Training			
DEDIOD CODEC	Fall	Caring/Cummor	Cummor	
PERIOD CODES	<u>Fall</u>	Spring/Summer	<u>Summer</u>	
ID CODES	D cocc	□ ¢1 227	□ ¢202	
5 Student	□ \$966 □ \$2.405	\$1,337	□ \$382 □ #1 200	
6 Spouse/Domestic Partner	\$3,495	\$4,839	□ \$1,389 □ \$500	
7 Each Child	\$1,413	□ \$1,956	□ \$560	
8 Children	<b>□</b> \$2,850	\$3,946	□ \$1,133	
☐ English Language Program	Effective Date:	Expiration Date:	= \$	
amounts which are retained by yo		your school's administrative costs	overage through. Such fees may include associated with offering this health plan) on of, your school.	
PLEASE CHECK ALL APPROPRIA	TE BOXES			
i i	EFFECTIVE / EXPIRATION PERIOD	S:		
☐ Fall	08/01/2014 through 12/31/2014	Enrolln	ment Deadline 09/04/2014	
☐ Spring/Summer	01/01/2015 through 07/31/2015	Enrolln	ment Deadline 02/05/2015	
☐ Summer	06/01/2015 through 07/31/2015	Enrolln	ment Deadline 06/25/2015	
Payment Instructions: Payment can be made by check, money order or credit card authorization. To pay by mail: Make check or money order payable to "ECI" in US dollars or refer to the "Charge Card Authorization Payment Information" section below to pay by credit card. Mail this enrollment form along with premium payment to ECI Services, PO Box 212, Jefferson, CO 80456. You may also scan and email the form with credit card authorization to info@eciservices.com or fax to 720-420-1878. If you have any questions please call ECI at 1-866-780-3824. Your cancelled check or credit card billing is your only receipt and notification of coverage.				
CHARGE CARD AUTHORIZATION	PAYMENT INFORMATION			
CHARGE FULL	□ VISA □ MASTERCARD □	DISCOVER AMERICAN EXPRES	SS Expiration Date	
AMOUNT \$				
	Credit Card #		CVV Code Month Year	
☐ BILLING ADDRESS (select only	if different from your mailing addr	ress):		
STREET ADDRESS:				
CITY:		STATE: ZIP CO	ODE:	
AUTHODIZED CICALATURE			DATE	
OR PAID BY CHECK	· II	AMOUNT PAID \$	DATE	

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## **UNIVERSITY OF COLORADO DENVER, DOWNTOWN CAMPUS INTERNATIONAL (INBOUND) PLAN**

The State of Colorado 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.

☐ I have read the request for information and choose not to supply a response.

#### **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)
[UNKNOW]	Unknown / Not Specified

#### Secondary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
	Other (please enter)
[UNKNOW]	Unknown / Not Specified

Are you Hispanic / Latino / Spanish: ■ Unknown Yes □ No

imary Ethnicity	y (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
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter)
[UNKNOW]	Unknown / Not Specified

<b>Secondary Ethnici</b>	ty (select one)
[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
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[PORTUG]	Portuguese
[2180-8]	Puerto Rican
[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter)
[UNKNOW]	Unknown / Not Specified

**Primary Language (select one)** 

[799]	African Languages (please specify)
[777]	Arabic
[708]	Chinese (please specify)
[601]	Cape Verdean Creole
[600]	English
[620]	French
[607]	German
[637]	Greek
[623]	Hatian Creole
[778]	Hebrew
[663]	Hindi
[619]	Italian
[723]	Japanese

[724]	Korean
[656]	Persian
[645]	Polish
[629]	Portuguese
[639]	Russian
[625]	Spanish
[742]	Tagalog
[671]	Urdu
[728]	Vietnamese
[997]	Other Language (please specify)
[998]	Declined
[999]	Unavailable
	[656] [645] [629] [639] [625] [742] [671] [728] [997] [998]

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