

UNIVERSITY OF DELAWARE 2011-12 STUDENT ACCIDENT & SICKNESS INSURANCE APPLICATION

FOREIGN STUDENTS

(Use this form to upgrade to the Blue & Gold Plan or add a spouse and/or child(ren) to your plan.)

PART A - Personal Information

YES - I do want the University of Delaware Student Health Insurance

| | | | | |
|---|-----------|--------------|---|-------------------------------|
| University ID # | Last Name | First Name | Middle Initial | Gender (circle one) M F |
| Street Address (your card will be sent to the U.S. address you provide) | | Apt. / Floor | Date of Birth / / | |
| City | State | Zip Code | Status (check one) <input type="checkbox"/> Non-Funded Graduate <input type="checkbox"/> Funded Graduate * <input type="checkbox"/> Undergraduate | |
| Email Address | | | * Graduate student receiving stipend and/or tuition from the University | |

PART B - Dependent Information

(You may include your spouse and/or eligible child(ren) on your plan.)

Eligible Dependent Definition: Dependents must be: 1) born to you or your spouse, or legally adopted; 2) under age 19; 3) unmarried; and 4) dependent on you for support as defined by the Internal Revenue Service (IRS).

| | | | | |
|-----------------------------|------------------------------|----------------|-------------------------------|------------------------|
| Spouse's Last Name | Spouse's First Name | Middle Initial | Gender (circle one) M F | Date of Birth / / |
| Dependent Child's Last Name | Dependent Child's First Name | Middle Initial | Gender (circle one) M F | Date of Birth / / |
| Dependent Child's Last Name | Dependent Child's First Name | Middle Initial | Gender (circle one) M F | Date of Birth / / |

PART C - Other Insurance Information

Are you (or any of your dependents from Part B) covered by other health insurance? Circle One: Yes No

If yes, complete the following:

| | | |
|------------------------------------|---|--------------------------|
| Name of Insurance Company | Name of Policyholder | Effective Date of Policy |
| Address where claims are submitted | Is this an Employer Policy? Yes No | If Yes, Employer Name: |
| City | State | Zip Code |
| Policy Identification # | Who is covered? (Circle all that are applicable) Student / Spouse / Dependent Child(ren) | |

PART D - Terms of Agreement & Signature

- * My application is subject to acceptance by Nationwide Life Insurance Company.
- * I authorize any physician, hospital and/or any other health care provider to release information available to them as to diagnosis, treatment or any other health care services they render to me or my covered dependents to the Nationwide Life Insurance Company or their legal representative.
- * I also authorize Nationwide Life Insurance Company to release appropriate diagnostic and medical information to other persons in connection with a claim for coordination of benefits or other purposes related to this contract.
- * I am being offered the Blue Plan and the Blue & Gold Plan health insurance from Nationwide Life Insurance Company and have chosen the plan appropriate for my needs.
- * **I understand that if my application is accepted, my coverage will terminate at the end of the coverage period which I selected and I will be responsible for any continued coverage after the end date.**
- * I certify that I am an admitted University of Delaware student as of the date of this application.

(PAGE 2 OF APPLICATION MUST BE COMPLETED)

| | |
|--|---------------------|
| Signature of Applicant - By signing here, you agree that you understand and agree to all of the Terms stated above. X | Date of Application |
|--|---------------------|

**UNIVERSITY OF DELAWARE
STUDENT ACCIDENT & SICKNESS INSURANCE APPLICATION**

FOREIGN STUDENTS WITH AN F1 OR J1 VISA

(Use this form to upgrade to the Blue & Gold Plan or add a spouse and/or child(ren) to your plan.)

PART E - Plan Options

Please put a check mark in the box next to the plan you have selected.

| September 1, 2011 to February 1, 2012 | | |
|---------------------------------------|---|----------------------------------|
| | Blue Plan | Blue & Gold Plan |
| Student Only: | Your Student Acct. has been charged for the student portion of the Blue Plan. | <input type="checkbox"/> \$132 |
| Add 1 Dependent: | <input type="checkbox"/> \$947 | <input type="checkbox"/> \$1,449 |
| Add 2+ Dependents: | <input type="checkbox"/> \$1,674 | <input type="checkbox"/> \$2,432 |

| February 1, 2012 to September 1, 2012 | | |
|---------------------------------------|---|----------------------------------|
| | Blue Plan | Blue & Gold Plan |
| Student Only: | Your Student Acct. has been charged for the student portion of the Blue Plan. | <input type="checkbox"/> \$184 |
| Add 1 Dependent: | <input type="checkbox"/> \$1,325 | <input type="checkbox"/> \$2,028 |
| Add 2+ Dependents: | <input type="checkbox"/> \$2,343 | <input type="checkbox"/> \$3,405 |

PART F - Payment & Mailing Instructions

For expedited enrollment and confirmation of coverage, you can enroll and pay online at www.universityhealthplans.com during enrollment periods instead of completing the paper application. If you are using the paper application, you must pay by check or money order. You may only pay by credit card online during enrollment periods.

PLEASE SUBMIT APPLICATION PRIOR TO START DATE TO ASSURE FULL COVERAGE.

Make your check or money order (for the total applicable premium listed above) payable to: **Nationwide Life Insurance Company**

Return this form (with the total applicable premium listed above) to: **University Health Plans
One Batterymarch Park
Quincy, MA 02169-7454**

Should you have any questions, please contact: University Health Plans at (800) 437-6448

We suggest that you make a copy of this application for your files.