UnitedHealthcare A UnitedHealth Group Company

UT SPECIAL EVENTS INVOICE

UnitedHealthcare StudentResources 2301 W. PLANO PKWY SUITE 300 PLANO, TEXAS 75075 1-866-808-8305 X6304 & X6463 Fax: (469) 229-5510

SSPECIALEVENTS@UHCSR.COM

Policy Year: Invoice Date: Campus Location: Number of Coverge Day(s) Required: Number of Participants:

Coverage	Dates
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/ to /

Insured Count	Daily Rate	Total Days	Amount Due
	\$2.00		

Department Contact Name:	Sponsoring Department:
Campus Address:	Destination:
City / State / Zip:	Method of Transportation:
Phone(10 digits):	UT Account Number:
Email:	UT Account Title:

Event:

Enrollment Details

LAST NAME	FIRST NAME	UT ID #	DOB

Please include a copy of this invoice with payment.

Please make your payment payable to "UnitedHealthcare StudentResources".

Email your completed form to: SSPECIALEVENTS@UHCSR.COM

to expedite processing for this account.