

PLEASE COMPLETE THIS FORM IN BLOCK LETTER PRINT USE BLACK INK

UNITED HEALTHCARE INSURANCE COMPANY STUDENT AND DEPENDENT ENROLLMENT FORM



UNIVERSITY OF RHODE ISLAND

2009-1149-1

SOCIAL SECURITY # - - or SCHOOL ID#

PRIMARY INSURED STUDENT NAME:

Last (Family) Name, First (Given) Name, Middle Initial

GENDER: Male Female DATE OF BIRTH: - - - EXPECTED DATE OF GRADUATION: - -

MAILING ADDRESS: House/Building Number and Street Name, Apt. or P.O. Box # or Rural Route, City, County, State, ZIP Code

PERMANENT ADDRESS: House/Building Number and Street Name, Apt. or P.O. Box # or Rural Route, City, County, State, ZIP Code

TELEPHONE # - - E-MAIL ADDRESS:

Complete information below for Dependents to be insured. Dependent coverage is available only for Students insured under the Plan.

SPOUSE: Social Security Number, Male Female (Check One), Date of Birth: - - -

CHILD: Social Security Number, Male Female (Check One), Date of Birth: - - -

CHILD: Social Security Number, Male Female (Check One), Date of Birth: - - -

CHILD: Social Security Number, Male Female (Check One), Date of Birth: - - -

CHILD: Social Security Number, Male Female (Check One), Date of Birth: - - -

NOTICE TO STUDENT: 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) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

STUDENT'S SIGNATURE: DATE:

# UNIVERSITY OF RHODE ISLAND

2009-1149-1

CAMPUS/SCHOOL ATTENDING: UNIVERSITY OF RHODE ISLAND

Please Print Name of College or University Must be completed in order for application to be processed.

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 APPROPRIATE BOXES

UNDERGRADUATE

GRADUATE

<u>PERIOD CODES</u>	<u>ANNUAL (A-)</u>	<u>SPRING/ SUMMER (J-)</u>
<u>ID CODES</u>		
<u>DOMESTIC</u>		
A STUDENT	<input type="checkbox"/> \$1,133.00	<input type="checkbox"/> \$ 724.00
B SPOUSE	<input type="checkbox"/> \$2,278.00	<input type="checkbox"/> \$1,447.00
C ALL CHILDREN	<input type="checkbox"/> \$1,721.00	<input type="checkbox"/> \$1,096.00
<u>INTERNATIONAL</u>		
D. STUDENT	<input type="checkbox"/> \$1,133.00	<input type="checkbox"/> \$ 724.00
E SPOUSE	<input type="checkbox"/> \$2,278.00	<input type="checkbox"/> \$1,447.00
F ALL CHILDREN	<input type="checkbox"/> \$1,721.00	<input type="checkbox"/> \$1,096.00

### DOMESTIC EFFECTIVE / EXPIRATION PERIODS:

ANNUAL  09-01-2009 TO 08-31-2010  
SPRING/SUMMER  01-01-2010 TO 08-31-2010

### INTERNATIONAL EFFECTIVE / EXPIRATION PERIODS:

ANNUAL  08-15-2009 TO 08-14-2010  
SPRING/SUMMER  01-01-2010 TO 08-14-2010

I want to purchase the University of Rhode Island Student Accident and Sickness Insurance Plan. I understand that my student account will be billed for the selected coverage. I also understand that I will be billed the Health Services Fee. (\$230/semester) for myself and spouse and will be required to seek initial care at Health Services except in an emergency. Children are not seen at Health Services and will not be charged the Health Services Fee. I further understand that if I elect to enroll I must submit this application to the University of Rhode Island Student Health Services at the address listed below:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**University of Rhode Island  
Health Services - INSURANCE  
6 Butterfield Road, Potter Building  
Kingston, RI 02881**

Received at Health Services: \_\_\_\_\_

Date: \_\_\_\_\_