

ENROLLMENT FORM 2017–2018

University of Rhode Island Injury and Sickness Insurance Plan for Spouses, Dependents, and Full/Part-time Students
(Please print all information)

Student Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

School ID #: _____ DOB: _____ Gender: _____ SSN: _____

I have read the description of the Student Injury and Sickness Insurance Plan offered to students attending the University of Rhode Island and their eligible dependents, and wish to enroll as follows:

Please check one: Undergrad <input type="checkbox"/> Grad <input type="checkbox"/>		ANNUAL ENROLLMENT				
				DOMESTIC 9/1/17–8/31/18	INTERNATIONAL 8/15/17–8/14/18	
Check Applicable Box(es):		Student:	<input type="checkbox"/> \$2,033	<input type="checkbox"/> \$2,033		
		Spouse:	<input type="checkbox"/> \$2,033	<input type="checkbox"/> \$2,033		
		Child:	<input type="checkbox"/> \$2,033	<input type="checkbox"/> \$2,033		
		Two or more Children:	<input type="checkbox"/> \$4,051	<input type="checkbox"/> \$4,051		
Please identify the dependents on this for						
Dependent's Name	Relationship	Date of Birth	Gender	SSN		
_____	_____	___/___/___	_____	_____		
_____	_____	___/___/___	_____	_____		
_____	_____	___/___/___	_____	_____		

–OR–

Please check one: Undergrad <input type="checkbox"/> Grad <input type="checkbox"/>		2nd SEMESTER ENROLLMENT				
				DOMESTIC 1/1/18–8/31/18	INTERNATIONAL 1/1/18–8/14/18	
Check Applicable Box(es):		Student:	<input type="checkbox"/> \$1,358	<input type="checkbox"/> \$1,358		
		Spouse:	<input type="checkbox"/> \$1,358	<input type="checkbox"/> \$1,358		
		Child:	<input type="checkbox"/> \$1,358	<input type="checkbox"/> \$1,358		
		Two or more Children:	<input type="checkbox"/> \$2,701	<input type="checkbox"/> \$2,701		
Please identify the dependents on this form.						
Dependent's Name	Relationship	Date of Birth	Gender	SSN		
_____	_____	___/___/___	_____	_____		
_____	_____	___/___/___	_____	_____		
_____	_____	___/___/___	_____	_____		

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

I want to purchase the University of Rhode Island Student Injury 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 (\$262/semester) for both myself and my spouse (if applicable). 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: _____

Mail/Fax/Bring to: University of Rhode Island Health Services – INSURANCE, 6 Butterfield Road, Kingston, RI 02881-0813
Phone: 401.874.4749 FAX: 401.874.2586

Received at Health Services by: _____ Date: _____ Via: _____
Mail, Fax, In Person, etc.

Confirmed Matriculating Student Date: _____ Initials: _____

Charge Already on Student's Tuition Bill Date: _____ Initials: _____

Posted to Student's Tuition Bill Date: _____ Initials: _____

E-Mailed to UnitedHealthcare StudentResources Date: _____ Initials: _____

Entered into Medicaat Date: _____ Initials: _____

Student Last Name: _____ First Name: _____ School ID: _____

The State of Rhode Island 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 at right.

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

Primary Race (select one)	
<input type="checkbox"/>	[R1] American Indian / Alaska Native
<input type="checkbox"/>	[R2] Asian
<input type="checkbox"/>	[R3] Black / African American
<input type="checkbox"/>	[R4] Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	[R5] White
<input type="checkbox"/>	[R9] Other (please enter)
<input type="checkbox"/>	[UNKNOWN] Unknown / Not Specified

Secondary Race (select one)	
<input type="checkbox"/>	[R1] American Indian / Alaska Native
<input type="checkbox"/>	[R2] Asian
<input type="checkbox"/>	[R3] Black / African American
<input type="checkbox"/>	[R4] Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	[R5] White
<input type="checkbox"/>	[R9] Other (please enter)
<input type="checkbox"/>	[UNKNOWN] Unknown / Not Specified

Are you Hispanic/Latino/Spanish: Yes No Unknown

Primary Ethnicity (select one)	
<input type="checkbox"/>	[2060-2] African
<input type="checkbox"/>	[2058-6] African American
<input type="checkbox"/>	[AMERCN] American
<input type="checkbox"/>	[2028-9] Asian
<input type="checkbox"/>	[2029-7] Asian Indian
<input type="checkbox"/>	[BRAZIL] Brazilian
<input type="checkbox"/>	[2033-9] Cambodian
<input type="checkbox"/>	[CVERDN] Cape Verdean
<input type="checkbox"/>	[CARIBI] Caribbean Island
<input type="checkbox"/>	[2155-0] Central American (not otherwise specified)
<input type="checkbox"/>	[2034-7] Chinese
<input type="checkbox"/>	[2169-1] Colombian
<input type="checkbox"/>	[2182-4] Cuban
<input type="checkbox"/>	[2184-0] Dominican
<input type="checkbox"/>	[EASTEU] Eastern European
<input type="checkbox"/>	[2108-9] European
<input type="checkbox"/>	[2036-2] Filipino
<input type="checkbox"/>	[2157-6] Guatemalan
<input type="checkbox"/>	[2071-9] Haitian
<input type="checkbox"/>	[2158-4] Honduran
<input type="checkbox"/>	[2039-6] Japanese
<input type="checkbox"/>	[2040-4] Korean
<input type="checkbox"/>	[2041-2] Laotian
<input type="checkbox"/>	[2148-5] Mexican, Mexican American, Chicano
<input type="checkbox"/>	[2118-8] Middle Eastern
<input type="checkbox"/>	[PORTUG] Portuguese
<input type="checkbox"/>	[2180-8] Puerto Rican
<input type="checkbox"/>	[RUSSIA] Russian
<input type="checkbox"/>	[2161-8] Salvadoran
<input type="checkbox"/>	[2165-9] South American (not otherwise specified)
<input type="checkbox"/>	[2047-9] Vietnamese
<input type="checkbox"/>	[OTHER] Other (please specify)
<input type="checkbox"/>	[UNKNOWN] Unknown / Not Specified

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<input type="checkbox"/>	[AMERCN] American
<input type="checkbox"/>	[2028-9] Asian
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<input type="checkbox"/>	[OTHER] Other (please specify)
<input type="checkbox"/>	[UNKNOWN] Unknown / Not Specified

Student Last Name: _____ First Name: _____ School ID: _____

Primary Language (select one)		
<input type="checkbox"/>	[799]	African Languages (please specify)
<input type="checkbox"/>	[777]	Arabic
<input type="checkbox"/>	[708]	Chinese (please specify)
<input type="checkbox"/>	[601]	Cape Verdean Creole
<input type="checkbox"/>	[600]	English
<input type="checkbox"/>	[620]	French
<input type="checkbox"/>	[607]	German
<input type="checkbox"/>	[637]	Greek
<input type="checkbox"/>	[623]	Haitian Creole
<input type="checkbox"/>	[778]	Hebrew
<input type="checkbox"/>	[663]	Hindi
<input type="checkbox"/>	[619]	Italian
<input type="checkbox"/>	[723]	Japanese
<input type="checkbox"/>	[724]	Korean
<input type="checkbox"/>	[656]	Persian
<input type="checkbox"/>	[645]	Polish
<input type="checkbox"/>	[629]	Portuguese
<input type="checkbox"/>	[639]	Russian
<input type="checkbox"/>	[625]	Spanish
<input type="checkbox"/>	[742]	Tagalog
<input type="checkbox"/>	[671]	Urdu
<input type="checkbox"/>	[728]	Vietnamese
<input type="checkbox"/>	[997]	Other (please specify)
<input type="checkbox"/>	[998]	Declined
<input type="checkbox"/>	[999]	Unavailable
<input type="checkbox"/>		