

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS
UNIVERSITY OF TENNESSEE - HEALTH SCIENCE CENTER

PROCESSOR STAMP DATE RECEIVED HERE

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2011-93-1

PRIMARY INSURED Complete information below for Student.			
SOCIAL SECURITY #:		OR STUDENT ID #:	
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	EXPECTED DATE OF GRADUATION: _____ / _____ MONTH / YEAR	
PERMANENT U.S. ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
MAILING ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	

DEPENDENT INFORMATION: Complete information below for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan (Please include a blank sheet for additional Dependents).

SPOUSE SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	

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.

NOTICE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

STUDENT'S SIGNATURE: _____

DATE: _____

CAMPUS/SCHOOL ATTENDING: UNIVERSITY OF TENNESSEE - HEALTH SCIENCE CENTER

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

INSURED CATEGORY: **BASIC - POST DOCS**

PERIOD CODES	Annual (A-)	1st Semi / Annual (I1)	2nd Semi / Annual (I2)
ID CODES			
A Student	<input type="checkbox"/> \$ 1623.00	<input type="checkbox"/> \$ 812.00	<input type="checkbox"/> \$ 812.00
B Spouse	<input type="checkbox"/> \$ 3939.00	<input type="checkbox"/> \$ 1970.00	<input type="checkbox"/> \$ 1970.00
C All Children	<input type="checkbox"/> \$ 2232.00	<input type="checkbox"/> \$ 1032.00	<input type="checkbox"/> \$ 1116.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

- Annual 08-10-2011 to 08-09-2012
- 1st Semi-Annual 08-10-2011 to 02-09-2012
- 2nd Semi-Annual 02-10-2012 to 08-09-2012

INSURED CATEGORY: **BASIC - MEDICAL II**

PERIOD CODES	Annual (A-)	1st Semi / Annual (I1)	2nd Semi / Annual (I2)
ID CODES			
D Student	<input type="checkbox"/> \$ 1623.00	<input type="checkbox"/> \$ 812.00	<input type="checkbox"/> \$ 812.00
E Spouse	<input type="checkbox"/> \$ 3939.00	<input type="checkbox"/> \$ 1970.00	<input type="checkbox"/> \$ 1970.00
F All Children	<input type="checkbox"/> \$ 2232.00	<input type="checkbox"/> \$ 1032.00	<input type="checkbox"/> \$ 1116.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

- Annual 08-10-2011 to 08-09-2012
- 1st Semi-Annual 08-10-2011 to 02-09-2012
- 2nd Semi-Annual 02-10-2012 to 08-09-2012

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** name of authorized representative in US dollars. Mail this enrollment card along with premium payment to:

Holland Insurance Inc.
PO Box 328
Southaven, MS 38672

Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com, and use the Find My School's Plan link to search for your school. Select your school name from the search results to go to your school's page, and then select the Enroll Now link to enroll online.