

PLEASE COMPLETE THIS FORM
IN BLOCK LETTER PRINT
USE BLACK INK

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR **DEPENDENTS** OF
ATHLETIC STUDENTS

PROCESSOR STAMP DATE RECEIVED HERE

MICHIGAN TECHNOLOGICAL UNIVERSITY

2011-126-8

SCHOOL ID# _____

PRIMARY INSURED STUDENT NAME: _____
Last (Family) Name

_____ First (Given) Name Middle Initial

GENDER: Male Female DATE OF BIRTH: ____ - ____ - ____ EXPECTED DATE OF GRADUATION: ____ - ____
Check one Month Day Year Month Year

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: _____ Male Female Date of Birth : ____ - ____ - ____
Social Security Number (Check One) Month Day Year

_____ First (Given) Name M/I Last (Family) Name

CHILD: _____ Male Female Date of Birth : ____ - ____ - ____
Social Security Number (Check One) Month Day Year

_____ First (Given) Name M/I Last (Family) Name

CHILD: _____ Male Female Date of Birth : ____ - ____ - ____
Social Security Number (Check One) Month Day Year

_____ First (Given) Name M/I Last (Family) Name

CHILD: _____ Male Female Date of Birth : ____ - ____ - ____
Social Security Number (Check One) Month Day Year

_____ First (Given) Name M/I Last (Family) Name

CHILD: _____ Male Female Date of Birth : ____ - ____ - ____
Social Security Number (Check One) Month Day Year

_____ First (Given) Name M/I 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 certificate 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 certificate; 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: _____

MICHIGAN TECHNOLOGICAL UNIVERSITY

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CAMPUS/SCHOOL ATTENDING: MICHIGAN TECHNOLOGICAL UNIVERSITY

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: IC Sports Plan

PERIOD CODES	Annual (A-)	Fall (F-)	Spring/Summer (J-)	Spring (G-)	Summer (S-)
ID CODES					
02 Spouse/Domestic Partner	<input type="checkbox"/> \$ 1,325.00	<input type="checkbox"/> \$ 541.00	<input type="checkbox"/> \$ 811.00	<input type="checkbox"/> \$ 437.00	<input type="checkbox"/> \$ 374.00
03 Each Child	<input type="checkbox"/> \$ 1,021.00	<input type="checkbox"/> \$ 417.00	<input type="checkbox"/> \$ 625.00	<input type="checkbox"/> \$ 337.00	<input type="checkbox"/> \$ 288.00
04 All Children	<input type="checkbox"/> \$ 1,661.00	<input type="checkbox"/> \$ 681.00	<input type="checkbox"/> \$1,017.00	<input type="checkbox"/> \$ 548.00	<input type="checkbox"/> \$ 469.00

EFFECTIVE / EXPIRATION PERIODS:

- Annual 08-16-2011 to 08-15-2012
- Fall 08-16-2011 to 01-08-2012
- Spring/Summer 01-09-2012 to 08-15-2012
- Spring 01-09-2012 to 05-06-2012
- Summer 05-07-2012 to 08-15-2012

Payment Instructions: Make check or money order payable to UnitedHealthcare StudentResources in US dollars. Mail this enrollment card to UnitedHealthcare StudentResources P.O. Box 809026, Dallas, TX 75380-9026. If you would like to use a credit card to enroll, please go to www.uhcsr.com/control and click on Request a Control Number. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

Students may pay for coverage by visiting or calling the Cashier's office (906-487-2247) or through the student's banweb account.