United Healthcare Insurance Company Enrollment form for Supported Graduate Students

Michigan Technological University

2011-126-1

Please Complete and Print then return to the Student Insurance Office (Room 202L, Located in the Lakeshore Center) by August 31, 2011. Fax: 906-487-3220

Michigan Tech M Number: M _____ - _____ - _____

Student Name: _____
Last First Middle Initial

Mailing Address: _____

_____

City: _____ State: _____ Zip Code: _____

Telephone: ( ) - _____ Email Address: _____

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. She/he has carefully read the certificate and elects to enroll as indicated in this enrollment card; 2. Rates are not pro-rated other than as listed on this enrollment card; 3. She/he must meet the eligibility requirements for this coverage as described in the certificate; 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: _____

Graduate Student Health Insurance Deduction Authorization

Michigan Tech M Number: M _____ - _____ - _____

Name: _____

Payroll Deduction Code: | G | S | H |

Bi-Weekly Amount: | | | 3 | 0 | 7 | 5 |

Goal: | | 2 | 4 | 6 | 0 | 0 |

Start Date: | 0 | 8 | 2 | 1 | 1 | 1 |

I herby authorize Michigan Tech to deduct the amount stated above from my pay and any balance due upon my termination from the University. There will be eight deductions during fall term for those students supported via assistantship. The full amount will be deducted from fellowship student's second check of the semester.

Signature: _____ Date: _____

Rev. 06/11

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