

UNITEDHEALTHCARE INSURANCE COMPANY  
ENROLLMENT FORM FOR DOMESTIC  
UNDERGRADUATES, INTERNATIONAL UNDERGRADUATES,  
AND UNSUPPORTED GRADUATES

PROCESSOR STAMP DATE RECEIVED HERE

**MICHIGAN TECHNOLOGICAL UNIVERSITY**

**2011-126-3**

Returning students may purchase health insurance directly from their Michigan Tech Banweb account; no forms necessary.

SCHOOL ID# \_\_\_\_\_  
PRIMARY INSURED \_\_\_\_\_  
STUDENT NAME: \_\_\_\_\_  
Last (Family) Name \_\_\_\_\_  
First (Given) Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

TELEPHONE # \_\_\_\_\_ - - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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					
<b>INSURED CATEGORY:</b> <input type="checkbox"/> Domestic Undergraduate <input type="checkbox"/> International Undergraduate <input type="checkbox"/> Unsupported Graduate <input type="checkbox"/> Practical Training					
<b>PERIOD CODES</b>	<b>Annual (A-)</b> (8-16-11 to 8-15-12)	<b>Fall (F-)</b> (8-16-11 to 1-08-12)	<b>Spring (G-)</b> (1-09-12 to 5-06-12)	<b>Spring/Summer (J-)</b> (1-09-12 to 8-15-12)	<b>Summer (S-)</b> (5-07-12 to 8-15-12)
ID CODES	<input type="checkbox"/> \$689.00	<input type="checkbox"/> \$281.00	<input type="checkbox"/> \$ 227.00	<input type="checkbox"/> \$ 422.00	<input type="checkbox"/> \$ 194.00
<b>Payment Instructions:</b> Make check or money order payable to Michigan Technological University in US dollars or refer to the Charge Card Authorization to charge your premium to Visa, MasterCard or Discover. Bring or mail this enrollment card to Michigan Technological University Cashier's Office, Administration Building, 1400 Townsend Drive, Houghton, MI 49931. 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.					

**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: \_\_\_\_\_

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