

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

PROCESSOR STAMP DATE RECEIVED HERE



**MICHIGAN TECHNOLOGICAL UNIVERSITY**

**2009-126-3**

**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**

**INSURED CATEGORY:**  Domestic Undergraduate  International Undergraduate  Unsupported Graduate  Practical Training

<u>PERIOD CODES</u>	<b>Annual (A-)</b> (8-16-09 to 8-15-10)	<b>Fall (F-)</b> (8-16-09 to 1-10-10)	<b>Spring (G-)</b> (1-11-10 to 5-09-10)	<b>Spring/Summer (J-)</b> (1-11-10 to 8-15-10)	<b>Summer (S-)</b> (5-10-10 to 8-15-10)
ID CODES					
01 Student	<input type="checkbox"/> \$797.00	<input type="checkbox"/> \$338.00	<input type="checkbox"/> \$264.00	<input type="checkbox"/> \$ 475.00	<input type="checkbox"/> \$ 211.00

**Payment Instructions:** 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: \_\_\_\_\_

**CHARGE CARD AUTHORIZATION PAYMENT INFORMATION**

VISA  
 MASTERCARD  
 DISCOVER  
 # \_\_\_\_\_

CHARGE FULL AMOUNT \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_  
 -  
 Month Year

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_