

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR DOMESTIC STUDENTS AND THEIR DEPENDENTS
SEATTLE PACIFIC UNIVERSITY

PROCESSOR STAMP DATE RECEIVED HERE

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2011-1462-1

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 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: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

STUDENT'S SIGNATURE: _____

DATE: _____

SEATTLE PACIFIC UNIVERSITY

2011-1462-1

CAMPUS/SCHOOL ATTENDING: Seattle Pacific 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: All

<u>PERIOD CODES</u>	Annual (A-)	Fall (F-)	Winter (W-)	Spring / Summer (G-)	Spring (G-)
ID CODES					
A Student	<input type="checkbox"/> \$ 1,157.00	<input type="checkbox"/> \$ 335.00	<input type="checkbox"/> \$ 277.00	<input type="checkbox"/> \$ 571.00	<input type="checkbox"/> \$ 242.00
B Spouse	<input type="checkbox"/> \$ 3,678.00	<input type="checkbox"/> \$ 1,066.00	<input type="checkbox"/> \$ 882.00	<input type="checkbox"/> \$ 1,815.00	<input type="checkbox"/> \$ 769.00
C Each Child	<input type="checkbox"/> \$ 1,475.00	<input type="checkbox"/> \$ 428.00	<input type="checkbox"/> \$ 354.00	<input type="checkbox"/> \$ 727.00	<input type="checkbox"/> \$ 308.00
PERIOD CODES	Summer (S-)				
ID CODES					
A Student	<input type="checkbox"/> \$ 329.00				
B Spouse	<input type="checkbox"/> \$ 1,046.00				
C Each Child	<input type="checkbox"/> \$ 419.00				

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

- | | |
|-----------------|---|
| Annual | <input type="checkbox"/> 09-21-2011 to 09-20-2012 |
| Fall | <input type="checkbox"/> 09-21-2011 to 01-03-2012 |
| Winter | <input type="checkbox"/> 01-04-2012 to 03-27-2012 |
| Spring / Summer | <input type="checkbox"/> 03-28-2012 to 09-20-2012 |
| Spring | <input type="checkbox"/> 03-28-2012 to 06-10-2012 |
| Summer | <input type="checkbox"/> 06-11-2012 to 09-20-2012 |

Payment Instructions: Make check or money order payable to UnitedHealthcare **Student**Resources in US dollars. Mail this enrollment card along with premium payment to:
 UnitedHealthcare **Student**Resources
 PO Box 809026
 Dallas, TX 75380-9026.
 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.