

UNITEDHEALTHCARE INSURANCE COMPANY

PROCESSOR STAMP DATE RECEIVED HERE

DEPENDENT ENROLLMENT FORM

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

2013-202512-1
2013-202512-2

PRIMARY INSURED Complete information below for Student.

STUDENT ID #:

LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:	MIDDLE INITIAL:
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GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR	EXPECTED DATE OF GRADUATION: _____ / _____ MONTH YEAR
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PERMANENT ADDRESS - House/Building Number and Street Name:

CITY:	STATE:	ZIP CODE:
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MAILING ADDRESS - House/Building Number and Street Name:

CITY:	STATE:	ZIP CODE:
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TELEPHONE #:	EMAIL ADDRESS:
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PLEASE CHECK THE BOX NEXT TO THE PROGRAM YOU ARE ATTENDING:

<input type="checkbox"/> CHAPA	<input type="checkbox"/> Graduate (M.S. Degree)	<input type="checkbox"/> Graduate (Ph.D Degree)
<input type="checkbox"/> Dental (DDS, ISP, Ortho)	<input type="checkbox"/> Medical - MD	<input type="checkbox"/> Nursing
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Public Health	<input type="checkbox"/> Physical Therapy

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/DOMESTIC PARTNER SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
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First (Given) Name	Middle Initial:	Last (Family) Name:
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CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
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First (Given) Name	Middle Initial:	Last (Family) Name:
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CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
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First (Given) Name	Middle Initial:	Last (Family) Name:
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CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
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First (Given) Name	Middle Initial:	Last (Family) Name:
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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 form; 2) Rates are not pro-rated other than as listed on this enrollment form; 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: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

STUDENT'S SIGNATURE: _____

DATE: _____

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
Student Injury and Sickness Health Plan Dependent Enrollment Form

2013-202512-1
 2013-202512-2

I elect to purchase Injury and Sickness insurance coverage under the University of Colorado Anschutz Medical Campus Student Injury and Sickness Health Plan. Below are the choices I have made.

DEPENDENTS OF RETURNING STUDENTS

	EFFECTIVE AND TERMINATION DATES	ENROLLMENT DEADLINE DATE
Annual	09/01/13 through 08/31/14	09/04/13
Fall	09/01/13 through 12/31/13	09/04/13
Spring/Summer	01/01/14 through 08/31/14	02/04/14
Summer	06/01/14 through 08/31/14	06/13/14

DEPENDENT'S RATES

		Annual (A-)	Fall (F-)	Spring/Summer (J-)	Summer (S-)
Spouse / Domestic Partner	2. Plan A	<input type="checkbox"/> \$5,761	<input type="checkbox"/> \$1,946	<input type="checkbox"/> \$3,815	<input type="checkbox"/> \$1,479
	2. Plan B	<input type="checkbox"/> \$4,533	<input type="checkbox"/> \$1,535	<input type="checkbox"/> \$2,998	<input type="checkbox"/> \$1,170
Each Child	3. Plan A	<input type="checkbox"/> \$4,331	<input type="checkbox"/> \$1,468	<input type="checkbox"/> \$2,863	<input type="checkbox"/> \$1,119
	3. Plan B	<input type="checkbox"/> \$3,425	<input type="checkbox"/> \$1,164	<input type="checkbox"/> \$2,261	<input type="checkbox"/> \$891

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

DEPENDENTS OF NEW STUDENTS/EARLY ARRIVALS

	EFFECTIVE AND TERMINATION DATES	ENROLLMENT DEADLINE DATE
Annual	08/09/13 through 08/31/14	09/04/13
Fall	08/09/13 through 12/31/13	09/04/13
Spring/Summer	01/01/14 through 08/31/14	02/04/14
Summer	06/01/14 through 08/31/14	06/13/14

DEPENDENT'S RATES

		Annual (A-)	Fall (F-)	Spring/Summer (J-)	Summer (S-)
Spouse / Domestic Partner	5. Plan A	<input type="checkbox"/> \$5,761	<input type="checkbox"/> \$1,946	<input type="checkbox"/> \$3,815	<input type="checkbox"/> \$1,479
	5. Plan B	<input type="checkbox"/> \$4,533	<input type="checkbox"/> \$1,535	<input type="checkbox"/> \$2,998	<input type="checkbox"/> \$1,170
Each Child	6. Plan A	<input type="checkbox"/> \$4,331	<input type="checkbox"/> \$1,468	<input type="checkbox"/> \$2,863	<input type="checkbox"/> \$1,119
	6. Plan B	<input type="checkbox"/> \$3,425	<input type="checkbox"/> \$1,164	<input type="checkbox"/> \$2,261	<input type="checkbox"/> \$891

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

Payment Instructions: Make check or money order payable to "ECI" in US dollars or refer to the Charge Card Authorization below to charge your premium to Visa, MasterCard, Discover or American Express. Bring this enrollment form along with your payment to the Student Insurance Office, located in Education II North, Room 3213. 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.

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION

CHARGE FULL VISA MASTERCARD DISCOVER AMERICAN EXPRESS Expiration Date
 AMOUNT \$ _____
Credit Card # _____ CVW Code _____ Month _____ Year _____

BILLING ADDRESS (select only if different from your mailing address):

STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZED SIGNATURE _____ DATE _____

OR PAID BY CHECK # _____ AMOUNT PAID \$ _____

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
Student Injury and Sickness Health Plan Dependent Enrollment Form

2013-202512-1
2013-202512-2

The State of Colorado requires UnitedHealthcare Insurance Company to request the following information about the Primary Insured. You may select a primary and secondary race, a primary and secondary ethnicity, and a primary language. If you choose not to supply this information, please select the box below.

I have read the request for information and choose not to supply a response.

Primary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

Secondary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

Are you Hispanic / Latino / Spanish: Yes No Unknown

Primary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
[CVERDN]	Cape Verdean
[CARIBI]	Caribbean Island
[2155-0]	Central American (not otherwise specified)
[2034-7]	Chinese
[2169-1]	Columbian
[2182-4]	Cuban
[2184-0]	Dominican
[EASTEU]	Eastern European
[2108-9]	European
[2036-2]	Filipino
[2157-6]	Guatemalan
[2071-9]	Haitian
[2158-4]	Honduran
[2039-6]	Japanese
[2040-4]	Korean
[2041-2]	Laotian
[2148-5]	Mexican, Mexican American, Chicano
[2118-8]	Middle Eastern
[PORTUG]	Portuguese
[2180-8]	Puerto Rican
[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

Secondary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
[CVERDN]	Cape Verdean
[CARIBI]	Caribbean Island
[2155-0]	Central American (not otherwise specified)
[2034-7]	Chinese
[2169-1]	Columbian
[2182-4]	Cuban
[2184-0]	Dominican
[EASTEU]	Eastern European
[2108-9]	European
[2036-2]	Filipino
[2157-6]	Guatemalan
[2071-9]	Haitian
[2158-4]	Honduran
[2039-6]	Japanese
[2040-4]	Korean
[2041-2]	Laotian
[2148-5]	Mexican, Mexican American, Chicano
[2118-8]	Middle Eastern
[PORTUG]	Portuguese
[2180-8]	Puerto Rican
[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

Primary Language (select one)

[799]	African Languages (please specify) _____
[777]	Arabic
[708]	Chinese (please specify) _____
[601]	Cape Verdean Creole
[600]	English
[620]	French
[607]	German
[637]	Greek
[623]	Haitian Creole
[778]	Hebrew
[663]	Hindi
[619]	Italian
[723]	Japanese

[724]	Korean
[656]	Persian
[645]	Polish
[629]	Portuguese
[639]	Russian
[625]	Spanish
[742]	Tagalog
[671]	Urdu
[728]	Vietnamese
[997]	Other Language (please specify) _____
[998]	Declined
[999]	Unavailable