

UNITEDHEALTHCARE INSURANCE COMPANY
CONTINUATION ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS
UNIVERSITY OF COLORADO DENVER
DOWNTOWN CAMPUS

PROCESSOR STAMP DATE RECEIVED HERE

2013-202513-1

PRIMARY INSURED Complete information below for Student.			
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 DAY 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/DOMESTIC PARTNER 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 is effective immediately following the expiration of the regular student plan and must be purchased within 31 days after the expiration date of your student coverage. If premium is not received within 31 days, the premium will be refunded. 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: 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 DENVER
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☐ I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.

Eligibility: All Insured Persons who have been continuously insured under the school's regular student policy for at least three consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than three months under the school's policy in effect. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: ☐ Continuation

PERIOD CODES: 3 month maximum

ID CODES:	One Month	Two Months	Three Months
A Student	<input type="checkbox"/> \$353	<input type="checkbox"/> \$706	<input type="checkbox"/> \$1,059
B Spouse / Domestic Partner	<input type="checkbox"/> \$853	<input type="checkbox"/> \$1,706	<input type="checkbox"/> \$2,559
C Each Child	<input type="checkbox"/> \$599	<input type="checkbox"/> \$1,198	<input type="checkbox"/> \$1,797

EFFECTIVE/EXPIRATION PERIODS:

These rates are effective August 19, 2013 through August 17, 2014.

*PLEASE NOTE: The Continuation Privilege will allow you to purchase up to a maximum of 3 consecutive months. Include full payment based on the coverage selected and the number of months chosen. Payment will not be accepted on a month-to-month basis.

Payment Instructions: Payment can be made by check, money order or credit card authorization. **To pay by mail:** Make check or money order payable to "ECI" in US dollars or refer to the "Charge Card Authorization Payment Information" section below to pay by credit card. Mail this enrollment form along with premium payment to ECI Services, PO Box 212, Jefferson, CO 80456. You may also **scan and email** the form with credit card authorization to info@eciservices.com or **fax** to 720-420-1878. If you have any questions please call ECI at 1-866-780-3824. Your cancelled check or credit card billing is your only receipt and notification of coverage.

Charge Card Authorization Payment Information:

CHARGE FULL ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS Expiration Date
AMOUNT \$ _____ Credit Card # _____ CVV Code _____ Month _____ Year _____
AUTHORIZED SIGNATURE _____ DATE _____
OR PAID BY CHECK # _____ AMOUNT PAID \$ _____

**UNIVERSITY OF COLORADO DENVER
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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) _____
[UNKNOWN]	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) _____
[UNKNOWN]	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) _____
[UNKNOWN]	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
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[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter) _____
[UNKNOWN]	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