## UNITEDHEALTHCARE INSURANCE COMPANY

### ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

## UNIVERSITY OF COLORADO DENVER, DOWNTOWN CAMPUS
## INTERNATIONAL (INBOUND) PLAN

**2014-202710-4**

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**PRIMARY INSURED**   Complete information below for Student.

SOCIAL SECURITY #:

STUDENT ID #:

**LAST (FAMILY) NAME:**

**FIRST (GIVEN) NAME:**

MIDDLE INITIAL:

GENDER:   ❏ MALE   ❏ FEMALE

DATE OF BIRTH: _____ / _____ / _____
MONTH      DAY      YEAR

EXPECTED DATE OF GRADUATION: _____ / _____
MONTH      YEAR

PERMANENT U.S. ADDRESS - House/Building Number and Street Name:

CITY:

STATE:

ZIP CODE:

TELEPHONE #:

EMAIL ADDRESS:

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**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:   ❏ MALE   ❏ FEMALE

DATE OF BIRTH: _____ / _____ / _____
MONTH      DAY      YEAR

First (Given) Name | Middle Initial: | Last (Family) Name:

CHILD SOCIAL SECURITY #:

GENDER:   ❏ MALE   ❏ FEMALE

DATE OF BIRTH: _____ / _____ / _____
MONTH      DAY      YEAR

First (Given) Name | Middle Initial: | Last (Family) Name:

CHILD SOCIAL SECURITY #:

GENDER:   ❏ MALE   ❏ FEMALE

DATE OF BIRTH: _____ / _____ / _____
MONTH      DAY      YEAR

First (Given) Name | Middle Initial: | Last (Family) Name:

CHILD SOCIAL SECURITY #:

GENDER:   ❏ MALE   ❏ FEMALE

DATE OF BIRTH: _____ / _____ / _____
MONTH      DAY      YEAR

First (Given) Name | Middle Initial: | Last (Family) Name:

CHILD SOCIAL SECURITY #:

GENDER:   ❏ MALE   ❏ FEMALE

DATE OF BIRTH: _____ / _____ / _____
MONTH      DAY      YEAR

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: _____

❑ **I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.**

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**PLEASE CHECK ALL APPROPRIATE BOXES**

**INSURED CATEGORY:**    ❑ International
                         ❑ English Language Program
                         ❑ Practical Training

| **PERIOD CODES** | **Fall** | **Spring/Summer** | **Summer** |
|---|---|---|---|
| **ID CODES** | | | |
| 5    Student | ❑ $966 | ❑ $1,337 | ❑ $382 |
| 6    Spouse/Domestic Partner | ❑ $3,495 | ❑ $4,839 | ❑ $1,389 |
| 7    Each Child | ❑ $1,413 | ❑ $1,956 | ❑ $560 |
| 8    Children | ❑ $2,850 | ❑ $3,946 | ❑ $1,133 |

❑ English Language Program    Effective Date: _____    Expiration Date: _____    = $ _____

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.

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**PLEASE CHECK ALL APPROPRIATE BOXES**

**EFFECTIVE / EXPIRATION PERIODS:**

| | | |
|---|---|---|
| ❑ Fall | 08/01/2014 through 12/31/2014 | Enrollment Deadline 09/04/2014 |
| ❑ Spring/Summer | 01/01/2015 through 07/31/2015 | Enrollment Deadline 02/05/2015 |
| ❑ Summer | 06/01/2015 through 07/31/2015 | Enrollment Deadline 06/25/2015 |

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**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.

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**CHARGE CARD AUTHORIZATION PAYMENT INFORMATION**

CHARGE FULL        ❑ VISA  ❑ MASTERCARD  ❑ DISCOVER  ❑ AMERICAN EXPRESS        Expiration Date

AMOUNT $ _____    _____    _____  _____ _ _____
                            Credit Card #                                          CVV 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 $ _____

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 |
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| [2039-6] | Japanese |
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| [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] | Hatian 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 |