

**UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS**

PROCESSOR STAMP DATE RECEIVED HERE

--

AMERICAN COLLEGE STUDENT ASSOCIATION

Budget Plan - 2012-2101-21

To enroll in this plan ONLINE, go to WWW.ACSA.COM. The plan cannot be purchased by residents of Massachusetts, North Carolina, New Hampshire, New York, New Jersey, Oregon, Puerto Rico, Vermont and Washington. Please visit the association website at www.acsa.com for information regarding Massachusetts and New York plans available through the American College Student Association

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 U.S. 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.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

STUDENT'S SIGNATURE: _____

DATE: _____

CAMPUS LOCATION:

CAMPUS/SCHOOL ATTENDING: _____

Please Print Name of College. Must be completed in order for application to be processed.

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

PLEASE CHECK ALL APPROPRIATE BOXES		Budget Plan: 2012-2101-21			
INSURED CATEGORY: <input type="checkbox"/> Domestic <input type="checkbox"/> International					
Under Age 24 PERIOD CODES		Three Months (Z3) Cannot Be Purchased After 08-01-2013	Six Months (Z6) Cannot Be Purchased After 05-01-2013	Nine Months (Z9) Cannot Be Purchased After 02-01-2013	Twelve Months (ZY) Cannot Be Purchased After 11-01-2013
ID CODES					
1	Student	<input type="checkbox"/> \$ 243.00	<input type="checkbox"/> \$ 486.00	<input type="checkbox"/> \$ 729.00	<input type="checkbox"/> \$ 948.00
2	Spouse	<input type="checkbox"/> \$ 735.00	<input type="checkbox"/> \$1,470.00	<input type="checkbox"/> \$2,205.00	<input type="checkbox"/> \$2,879.00
3	Each Child	<input type="checkbox"/> \$ 519.00	<input type="checkbox"/> \$1,038.00	<input type="checkbox"/> \$1,557.00	<input type="checkbox"/> \$2,027.00
Age 24 to 29 PERIOD CODES		Three Months (Z3) Cannot Be Purchased After 08-01-2013	Six Months (Z6) Cannot Be Purchased After 05-01-2013	Nine Months (Z9) Cannot Be Purchased After 02-01-2013	Twelve Months (ZY) Cannot Be Purchased After 11-01-2013
ID CODES					
4	Student	<input type="checkbox"/> \$ 315.00	<input type="checkbox"/> \$ 630.00	<input type="checkbox"/> \$ 945.00	<input type="checkbox"/> \$1,232.00
5	Spouse	<input type="checkbox"/> \$ 735.00	<input type="checkbox"/> \$1,470.00	<input type="checkbox"/> \$2,205.00	<input type="checkbox"/> \$2,879.00
6	Each Child	<input type="checkbox"/> \$ 519.00	<input type="checkbox"/> \$1,038.00	<input type="checkbox"/> \$1,557.00	<input type="checkbox"/> \$2,027.00
Age 30 and Older PERIOD CODES		Three Months (Z3) Cannot Be Purchased After 08-01-2013	Six Months (Z6) Cannot Be Purchased After 05-01-2013	Nine Months (Z9) Cannot Be Purchased After 02-01-2013	Twelve Months (ZY) Cannot Be Purchased After 11-01-2013
ID CODES					
7	Student	<input type="checkbox"/> \$ 447.00	<input type="checkbox"/> \$ 894.00	<input type="checkbox"/> \$1,341.00	<input type="checkbox"/> \$1,751.00
8	Spouse	<input type="checkbox"/> \$ 735.00	<input type="checkbox"/> \$1,470.00	<input type="checkbox"/> \$2,205.00	<input type="checkbox"/> \$2,879.00
9	Each Child	<input type="checkbox"/> \$ 519.00	<input type="checkbox"/> \$1,038.00	<input type="checkbox"/> \$1,557.00	<input type="checkbox"/> \$2,027.00

EFFECTIVE AND TERMINATION DATES:

Coverage will become effective on the date the authorized representative receives the application and correct premium payment. Annual coverage expires 1 year following receipt of your premium or November 1, 2013, whichever is earlier. Nine-month coverage expires 9 months following receipt of your premium or November 1, 2013 whichever is earlier. Semi-Annual coverage expires 6 months following receipt of your premium or November 1, 2013, whichever is earlier. Quarterly coverage expires 3 months following receipt of your premium or November 1, 2013, whichever is earlier.

Please Note: If application and correct premium are received after this requested effective date, your effective date will be the date application and correct premium are received. **Requested Effective Date:** _____ / _____ / _____

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail this enrollment card along with premium payment to:
 UnitedHealthcare **StudentResources**
 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 <https://www.uhcsr.com/acsa> and select the Enroll Now link to enroll online.