# Processor Date Stamp Received Here

# UNITEDHEALTHCARE INSURANCE COMPANY ENROLLMENT FORM FOR ATHENS AND REGIONAL CAMPUS STUDENTS AND THEIR DEPENDENTS

OHIO UNIVERSITY

2023-1103-2

PRIMARY INSURED COMPLETE	INFORMATION E	BELOW FO	R STI	UDENT.				
SOCIAL SECURITY #:			STU	IDENT PID#				
LAST (FAMILY) NAME:		FIRST (G	IVEN	I) NAME:				MIDDLE INITIAL:
GENDER:	DATE OF BIRT (MONTH/DAY/YE					EXPECTED (MONTH/YE/		E OF GRADUATION:
LOCAL U.S. ADDRESS: (HOUSE/BU	ILDING # AND S	TREET NAM	ΛE)			L		
CITY:				STATE:			ZIP	CODE:
TELEPHONE #:				OHIO UNIV	ERS	SITY EMAIL A	ADDR	ESS:
DEPENDENT INFORMATION Complete information below for insured under the Plan (Please in	•			•		_	ly ava	ailable for Students
SPOUSE SOCIAL		NDER:		 □FEMAI		DATE OF B		
SECURITY #: First (Given) Name:		Middle Initia		FEMIAI		(MONTH/DA		<u> </u>
First (Given) Name.	'	wildale itilia	aI.		Las	st (Fairilly) is	varrie	•
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First (Given) Name:	1	Middle Initia	al:		Las	st (Family) N	lame	:
CHILD SOCIAL SECURITY #:	GEI	NDER: □M/	ALE	FEMA	LE	DATE OF B (MONTH/DA		
First (Given) Name:	1	Middle Initia	al:		Las	st (Family) N	lame	
CHILD SOCIAL SECURITY #:	GEI	NDER:	λLE	FEMA	LE	DATE OF B (MONTH/DA		
First (Given) Name:	1	Middle Initia	al:		Las	st (Family) N	lame	:
CHILD SOCIAL SECURITY #:	GEI	NDER:	ALE	FEMA	LE	DATE OF B		
First (Given) Name:	1	Middle Initia	al:		Las	st (Family) N	lame	:
NOTICE TO STUDENT: Coverage was for the Company or the effective date signing, the student acknowledges the ndicated on this enrollment card; 2) eligibility requirements for this coverage not eligible, the premium will be refundated. Any person who, with intender files a claim containing a false or containi	of the coverage of following: 1) Rates are not age as described unded. Premiur	e period, w He/She ha pro-rated of d in the Cer m will not be knowing tha	hiches car other tifica e refu	ever is later, refully read to than as listed the of Covera unded exceptis facilitating	unl he ( ed c age; ot for	less otherwishess otherwishes of this enroll and 4) If it is rineligibility aud against	se sta f Cov Ilmen s late or en	eated in the Master Policy. By erage and elects to enroll as t card; 3) He/She meets the r determined that the student trance into the armed forces.
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.	

Choose your Campus Location:  Athens  Chillicothe  Chillicothe  Cleveland  Dublin  Career Career  Domestic Undergraduate  Domestic Graduate  ID Codes  Fall (F-)  Spring 1 (G1)  Summer (S-)  Student  St
☐ Chillicothe       ☐ eCampus       ☐ Southern (Ironton)         ☐ Cleveland       ☐ Lancaster       ☐ Zanesville         ☐ Dublin       ☐ Pickerington         INSURED CATEGORY:       ☐ Domestic Undergraduate       ☐ Domestic Medical (HCOM)         ☐ Domestic Graduate         ID Codes       Fall (F-)       Spring 1 (G1)       Summer (S-)         1       Student       ☐ \$ 1,138.00       ☐ \$ 1,121.00       ☐ \$ 839.00         2       Spouse       ☐ \$ 1,138.00       ☐ \$ 1,121.00       ☐ \$ 839.00         3       One Child       ☐ \$ 1,138.00       ☐ \$ 1,121.00       ☐ \$ 839.00         4       Two or more Children       ☐ \$ 2,276.00       ☐ \$ 2,242.00       ☐ \$ 1,678.00
□ Cleveland       □ Lancaster       □ Zanesville         □ Dublin       □ Pickerington         INSURED CATEGORY:       □ Domestic Undergraduate       □ Domestic Medical (HCOM)         □ Domestic Graduate         ID Codes       Fall (F-)       Spring 1 (G1)       Summer (S-)         1 Student       □ \$ 1,138.00       □ \$ 1,121.00       □ \$ 839.00         2 Spouse       □ \$ 1,138.00       □ \$ 1,121.00       □ \$ 839.00         3 One Child       □ \$ 1,138.00       □ \$ 1,121.00       □ \$ 839.00         4 Two or more Children       □ \$ 2,276.00       □ \$ 2,242.00       □ \$ 1,678.00
□ Dublin         □ Pickerington           INSURED CATEGORY:         □ Domestic Undergraduate         □ Domestic Medical (HCOM)           □ Domestic Graduate         □ Domestic Medical (HCOM)           ID Codes         Fall (F-)         Spring 1 (G1)         Summer (S-)           1 Student         □ \$ 1,138.00         □ \$ 1,121.00         □ \$ 839.00           2 Spouse         □ \$ 1,138.00         □ \$ 1,121.00         □ \$ 839.00           3 One Child         □ \$ 1,138.00         □ \$ 1,121.00         □ \$ 839.00           4 Two or more Children         □ \$ 2,276.00         □ \$ 2,242.00         □ \$ 1,678.00
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□ Domestic Graduate         ID Codes       Fall (F-)       Spring 1 (G1)       Summer (S-)         1 Student       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         2 Spouse       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         3 One Child       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         4 Two or more Children       □ \$ 2,276.00 □ \$ 2,242.00 □ \$ 1,678.00
1 Student       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         2 Spouse       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         3 One Child       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         4 Two or more Children       □ \$ 2,276.00 □ \$ 2,242.00 □ \$ 1,678.00
1 Student       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         2 Spouse       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         3 One Child       □ \$ 1,138.00 □ \$ 1,121.00 □ \$ 839.00         4 Two or more Children       □ \$ 2,276.00 □ \$ 2,242.00 □ \$ 1,678.00
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4 Two or more Children □ \$ 2,276.00 □ \$ 2,242.00 □ \$ 1,678.00
EFFECTIVE/EXPIRATION PERIOD
T-II 0/00/0000 A- 40/04/0000
□ Fall 8/20/2023 to 12/31/2023
□ Spring 1 1/1/2024 to 5/11/2024 □ Summer 5/12/2024 to 8/19/2024
INTERNATIONAL STUDENTS
Choose your Campus Location:
☐ Athens ☐ Eastern (St. Clairsville) ☐ Proctorville
☐ Chillicothe ☐ eCampus ☐ Southern (Ironton)
☐ Cleveland ☐ Lancaster ☐ Zanesville
□ Dublin □ Pickerington
INSURED CATEGORY: ☐ International Undergraduate ☐ International Medical (HCOM) ☐ International Graduate
ID Codes Fall (F-) Spring 1 (G1) Summer (S-)
6 Student
7 Spouse   \$\begin{array}{c} \phi  \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
8 One Child
9 Two or more Children □ \$ 2,276.00 □ \$ 2,242.00 □ \$ 1,678.00
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EFFECTIVE/EXPIRATION PERIODS:
☐ Fall 8/20/2023 to 12/31/2023
□ Spring 1 1/1/2024 to 5/11/2024 □ Summer 5/12/2024 to 8/19/2024
Submit this form via email to: Ohio University, Student Health Insurance Administrator at studentinsurance@ohio.edu  To locate this enrollment form online please visit www.uhcsr.com/ohio
To locate this enrollment form online please visit www.uhcsr.com/ohio.



# NON-DISCRIMINATION NOTICE

UnitedHealthcare **Student**Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC Civil Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>.

**Phone:** Toll-free **1-800-368-1019**, **800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

# LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

#### English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

#### Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

#### Amharic

#### Arabic

تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 2723-260-866.

# Armenian

Ձեզ մատչելի են անվճար լեզվական օգնության ծառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

# Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

# Bisayan-Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

# Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্য পেতে পারেন। দ্য়া করে 1-866-260-2723-তে কল করুন।

#### Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ် ပါ။

# Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សុមទូរស័ព្ទទៅលេខ 1-866-260-2723។

# Cherokee

\$የጋኬቃውJ ውፀርውያትJ ውፀርውድፐ ኬቃ RG6ººፕውፒብትፐ ከLEGG6º D4፡ውፐ. IGO Dh ወbW6ን 1-866-260-2723.

#### Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

#### Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla hochi apela hinla. I paya 1-866-260-2723.

# Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

#### Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

#### French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

# French Creole-Haitian Creole

Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

#### German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

#### Greek

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

#### Gujarati

ભાષા સહ્યય સેવાઓ તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. કુપા કરીને 1-866-260-2723 પર ક્રૉલ કરો.

#### Hawaiian

Kōkua manuahi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

#### Hindi

आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

# Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

#### Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

#### Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

#### Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

# Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

#### Japanes

無料の言語支援サービスをご利用いただけます。 1-866-260-2723 までお電話ください。

# Karen

ကျိန်တာ်မာစားအင်္ဂါနမာနှုံအီးသဲ့ဝဲလာတလိန်ဟုန်အပူးဘန်(နီလီ)နှန်လီး. ဝံသးရူးဆုံးကျိုးဘန် 1-866-260-2723တက္နာ်.

# Korean

언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

# Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

# **Kurdish Sorani**

خزمەتمكاتى يارمەتيى زمانى بەخۆر ايى بۆ تۆ دابين دەكرين. تكايە تەلمەۋن بكە بۆ ژمارەي 2723-266-1.

#### Laotiar

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄໍ່າໃຫ້ແກ່ທໍ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

#### Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

#### Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wōṇāān. Jouj im kallok 1-866-260-2723.

# Micronesian-Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

#### Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'i' bee ná'ahoot'i'. T'áá shoodí kohji' 1-866-260-2723 hodíilnih.

# Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नुहोस्।

# Nilotic-Dinka

Käk ë kuny ajuser ë thok atö tinë yin abac të cin wëu yeke thiëëc. Yin col 1-866-260-2723.

#### Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

# Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

#### Persian-Farsi

خدمات امداد زباني به طور رايگان در اختيار شما مي باشد. لطفاً با شمار ه 1-866-260-2723 ماس بگيريد.

#### Polish

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

# Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

#### Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

#### Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

# Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

# Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

#### Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

#### Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

#### Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

#### Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maaɗa. Noodu 1-866-260-2723.

#### Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

# Syriac- Assyrian

چەچەقتاكە دەبناتاكە داغتى، ئېخىكىباد، ئىبلا ھەتبە ئىلەمۇپ . دىنىدەمەپ مەن چىدەكە - 1-866 مەن چىدەكەر كەن كەنگەر

#### Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

#### Telugi

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి. దయ చేసి  $1\text{-}866\text{-}260\text{-}2723}$  కి కాల్ చేయండి.

#### Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข

1-866-260-2733

# Tongan-Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

# Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

#### Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

#### Ukrainia

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

# Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلامعاوضہ دستیاب ہیں۔ براہ مہربانی 2722-266-184 پر کال کریں۔

# Vietnamese

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

# Yiddish

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723

#### Yoruba

Isé ìrànlówó èdè tí ó jé òfé, wà fún ó. Pe 1-866-260-2723.