

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

OHIO UNIVERSITY

2021-1103-2

<b>PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.</b>			
SOCIAL SECURITY #:		STUDENT PID #	
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)	
LOCAL U.S. ADDRESS: (HOUSE/BUILDING # AND STREET NAME)			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		OHIO UNIVERSITY EMAIL ADDRESS:	

<b>DEPENDENT INFORMATION</b> 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:

**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 Certificate of Coverage 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 Certificate of Coverage; 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:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

**DOMESTIC STUDENTS**

Choose your Campus Location:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Athens      | <input type="checkbox"/> Eastern (St. Clairsville) | <input type="checkbox"/> Proctorville       |
| <input type="checkbox"/> Chillicothe | <input type="checkbox"/> eCampus                   | <input type="checkbox"/> Southern (Ironton) |
| <input type="checkbox"/> Cleveland   | <input type="checkbox"/> Lancaster                 | <input type="checkbox"/> Zanesville         |
| <input type="checkbox"/> Dublin      | <input type="checkbox"/> Pickerington              |   |

**INSURED CATEGORY:**

- |   |  |
|---|--|
| <input type="checkbox"/> Domestic Undergraduate | <input type="checkbox"/> Domestic Medical (HCOM) |
| <input type="checkbox"/> Domestic Graduate      |  |

## ID Codes

- |                        | Fall (F-)                            | Spring (G)                           | Summer (S-)                          |
|------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 1 Student              | <input type="checkbox"/> \$ 1,071.00 | <input type="checkbox"/> \$ 934.00   | <input type="checkbox"/> \$ 820.00   |
| 2 Spouse               | <input type="checkbox"/> \$ 1,071.00 | <input type="checkbox"/> \$ 934.00   | <input type="checkbox"/> \$ 820.00   |
| 3 One Child            | <input type="checkbox"/> \$ 1,071.00 | <input type="checkbox"/> \$ 934.00   | <input type="checkbox"/> \$ 820.00   |
| 4 Two or more Children | <input type="checkbox"/> \$ 2,142.00 | <input type="checkbox"/> \$ 1,868.00 | <input type="checkbox"/> \$ 1,640.00 |

**EFFECTIVE/EXPIRATION PERIODS: SELECT ONLY (1) COVERAGE PERIOD**

- |                                 |           |               |
|---------------------------------|-----------|---------------|
| <input type="checkbox"/> Fall   | 8/16/2021 | to 12/31/2021 |
| <input type="checkbox"/> Spring | 1/1/2022  | to 4/30/2022  |
| <input type="checkbox"/> Summer | 5/1/2022  | to 8/15/2022  |

**INTERNATIONAL STUDENTS**

Choose your Campus Location:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Athens      | <input type="checkbox"/> Eastern (St. Clairsville) | <input type="checkbox"/> Proctorville       |
| <input type="checkbox"/> Chillicothe | <input type="checkbox"/> eCampus                   | <input type="checkbox"/> Southern (Ironton) |
| <input type="checkbox"/> Cleveland   | <input type="checkbox"/> Lancaster                 | <input type="checkbox"/> Zanesville         |
| <input type="checkbox"/> Dublin      | <input type="checkbox"/> Pickerington              |   |

**INSURED CATEGORY:**

- |  |   |
|--|---|
| <input type="checkbox"/> International Undergraduate | <input type="checkbox"/> International Medical (HCOM) |
| <input type="checkbox"/> International Graduate      |   |

## ID Codes

- |                        | Fall (F-)                            | Spring (G)                           | Summer (S-)                          |
|------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 6 Student              | <input type="checkbox"/> \$ 1,071.00 | <input type="checkbox"/> \$ 934.00   | <input type="checkbox"/> \$ 820.00   |
| 7 Spouse               | <input type="checkbox"/> \$ 1,071.00 | <input type="checkbox"/> \$ 934.00   | <input type="checkbox"/> \$ 820.00   |
| 8 One Child            | <input type="checkbox"/> \$ 1,071.00 | <input type="checkbox"/> \$ 934.00   | <input type="checkbox"/> \$ 820.00   |
| 9 Two or more Children | <input type="checkbox"/> \$ 2,142.00 | <input type="checkbox"/> \$ 1,868.00 | <input type="checkbox"/> \$ 1,640.00 |

**EFFECTIVE/EXPIRATION PERIODS: SELECT ONLY (1) COVERAGE PERIOD**

- |                                 |           |               |
|---------------------------------|-----------|---------------|
| <input type="checkbox"/> Fall   | 8/16/2021 | to 12/31/2021 |
| <input type="checkbox"/> Spring | 1/01/2022 | to 4/30/2022  |
| <input type="checkbox"/> Summer | 5/01/2022 | to 8/15/2022  |



Submit pages 1&2 of this form via email to:  
Ohio University, Student Health Insurance Administrator at  
[studentinsurance@ohio.edu](mailto:studentinsurance@ohio.edu) or by mail to:  
82 South Green Drive, 140M Ping, Athens, OH 45701

To locate this enrollment form online please visit [www.ohio.edu/Student-insurance](http://www.ohio.edu/Student-insurance).

