

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

OHIO UNIVERSITY

2020-1103-2

PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.			
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:	

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 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 College's 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:

- Domestic Undergraduate Domestic Medical (HCOM)
 Domestic Graduate

ID Codes

	Fall (F-)	Spring 1 (G1)	Spring 2 (G2)	Summer (S-)
1 Student	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,757.00	<input type="checkbox"/> \$ 824.00
2 Spouse	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,757.00	<input type="checkbox"/> \$ 824.00
3 One Child	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,757.00	<input type="checkbox"/> \$ 824.00
4 Two or more Children	<input type="checkbox"/> \$ 2,820.00	<input type="checkbox"/> \$ 2,820.00	<input type="checkbox"/> \$ 3,514.00	<input type="checkbox"/> \$ 1,648.00

EFFECTIVE/EXPIRATION PERIODS:

- Fall 8/16/2020 to 2/14/2021 Spring 2 1/01/2021 to 8/15/2021
 Spring 1 2/15/2021 to 8/15/2021 Summer 5/01/2021 to 8/15/2021

Summer Coverage is included in both Spring Coverage Periods

SPRING 1 COVERAGE PERIOD: For students and dependents that were previously enrolled in the Fall coverage period.

SPRING 2 COVERAGE PERIOD: For students and dependents that were not previously enrolled in the Fall coverage period.

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:

- International Undergraduate International Medical (HCOM)
 International Graduate

ID Codes

	Fall (F-)	Spring 1 (G1)	Spring 2 (G2)	Summer (S-)
6 Student	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,757.00	<input type="checkbox"/> \$ 824.00
7 Spouse	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,757.00	<input type="checkbox"/> \$ 824.00
8 One Child	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,410.00	<input type="checkbox"/> \$ 1,757.00	<input type="checkbox"/> \$ 824.00
9 Two or more Children	<input type="checkbox"/> \$ 2,820.00	<input type="checkbox"/> \$ 2,820.00	<input type="checkbox"/> \$ 3,514.00	<input type="checkbox"/> \$ 1,648.00

EFFECTIVE/EXPIRATION PERIODS:

- Fall 8/16/2020 to 2/14/2021 Spring 2 1/01/2021 to 8/15/2021
 Spring 1 2/15/2021 to 8/15/2021 Summer 5/01/2021 to 8/15/2021

Summer Coverage is included in both Spring Coverage Periods

SPRING 1 COVERAGE PERIOD: For students and dependents that were previously enrolled in the Fall coverage period.

SPRING 2 COVERAGE PERIOD: For students and dependents that were not previously enrolled in the Fall coverage period.



Submit this form to:
Ohio University, Student Health Insurance Administrator
Campus Care, 227 Hudson, Athens, OH 45701
or email to studentinsurance@ohio.edu or by fax to: 740-593-0699

To locate this enrollment form online please visit www.uhcsr.com/ohio.

