

PLEASE COMPLETE THIS FORM
IN BLOCK LETTER PRINT
USE BLACK INK

UNITED HEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR DEPENDENTS OF
DEGREE SEEKING GRADUATES AND INTERNATIONAL STUDENTS
UNIVERSITY OF NOTRE DAME

PROCESSOR STAMP DATE RECEIVED HERE

[Stamp Area]

2008-157-1 & 2008-157-3

SCHOOL ID# _____

PRIMARY INSURED
STUDENT NAME: _____

Last (Family) Name

First (Given) Name

Middle Initial

GENDER: Male Female DATE OF BIRTH: _____ - _____ - _____ EXPECTED DATE OF GRADUATION: _____ - _____
Check one Month Day Year Month Year

MAILING ADDRESS: _____
House/Building Number and Street Name

Apt. or P.O. Box # or Rural Route City County State ZIP Code

PERMANENT ADDRESS: _____
House/Building Number and Street Name

Apt. or P.O. Box # or Rural Route City County State ZIP Code

TELEPHONE # _____ - _____ E-MAIL ADDRESS: _____

Complete information below for Dependents to be insured. Dependent coverage is available only for Students insured under the Plan.

SPOUSE: Male Female Date of Birth : _____ - _____ - _____
(Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: Male Female Date of Birth : _____ - _____ - _____
(Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: Male Female Date of Birth : _____ - _____ - _____
(Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: Male Female Date of Birth : _____ - _____ - _____
(Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

CHILD: Male Female Date of Birth : _____ - _____ - _____
(Check One) Month Day Year

First (Given) Name M/I 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.**

STUDENT'S SIGNATURE: _____ DATE: _____

Dependents may be insured under either Plan I or Plan II but not both.

Each eligible Dependent has a choice of one of the benefit Plans. Plan I (Policy number 2008-157-1) has higher benefits and higher premiums than Plan II (Policy number 2008-157-3). Make your selection carefully, you cannot upgrade or downgrade coverage after the initial purchase of the plan for the policy year. Please be aware that if you choose to upgrade coverage in any subsequent policy year, a new Pre-existing Condition exclusion and waiting period may apply.

CAMPUS/SCHOOL ATTENDING: UNIVERSITY OF NOTRE DAME

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

PLEASE CHECK ALL APPROPRIATE BOXES

PLAN I (2008-157-1)

INSURED CATEGORY:

International
 Graduate (Degree Seeking Graduates only)

PERIOD CODES	Annual (A-)	Spring/ Summer (J-)	Summer (S-)
ID CODES			
B Spouse	<input type="checkbox"/> \$ 7,216.00	<input type="checkbox"/> \$4,191.00	<input type="checkbox"/> \$1,819.00
C Each Child	<input type="checkbox"/> \$ 2,791.00	<input type="checkbox"/> \$1,621.00	<input type="checkbox"/> \$ 703.00
D All Children	<input type="checkbox"/> \$ 5,164.00	<input type="checkbox"/> \$2,999.00	<input type="checkbox"/> \$1,302.00
F Family	<input type="checkbox"/> \$11,164.00	<input type="checkbox"/> \$6,642.00	<input type="checkbox"/> \$2,882.00

PLAN II (2008-157-3)

INSURED CATEGORY:

International
 Graduate (Degree Seeking Graduates only)

PERIOD CODES	Annual (A-)	Spring/ Summer (J-)	Summer (S-)
ID CODES			
A Spouse	<input type="checkbox"/> \$3,994.00	<input type="checkbox"/> \$2,320.00	<input type="checkbox"/> \$1,007.00
B All Children	<input type="checkbox"/> \$2,109.00	<input type="checkbox"/> \$1,225.00	<input type="checkbox"/> \$ 532.00
D Family	<input type="checkbox"/> \$5,452.00	<input type="checkbox"/> \$3,167.00	<input type="checkbox"/> \$1,374.00

EFFECTIVE / EXPIRATION PERIODS:

Annual	<input type="checkbox"/> 08-15-2008 to 08-14-2009
Spring/Summer	<input type="checkbox"/> 01-15-2009 to 08-14-2009
Summer	<input type="checkbox"/> 05-15-2009 to 08-14-2009

I understand the charges listed herein will be billed on my student account. Use the UHS envelope to mail enrollment card or bring forms to the University of Notre Dame Health Services.