RUTGERS UNIVERSITY POSTDOCTORAL FELLOWS/GRADUATE FELLOWS/PARTIAL TAS-GAS HEALTH INSURANCE ENROLLMENT/CHANGE FORM 2014-2015

(PLEASE PRINT)

			(I DEMOE I MITT	,				
Name								
Last			First			MI		
Mailing Addre	ess_							
C	Street	or PO Box	(City	State	e Zip		
Student ID #_		Date of Birth		Phone#		Gender:		
Email Address	S		DATE OF	RETENTION	mm	dd yyyy		
SCHOOLS/D	EPARTMENT:			ACCOU	NT/GRANT #_			
REASON FOR ENROLLMENT □ New Post Doctoral Fellow □ Annual open enrollment □ Life Status Change □ Other (explain in "Remarks" section below)			CHANGES TO EXISTING COVERAGE Individual			ууууу		
REMARKS:								
	Dependen Last Name	If you are enrolling Deper t coverage is available <u>ONLY</u> First Name		al fellow is als			Gender	
Spouse:		<u> </u>						
Child:			<u> </u>					
Child:								
Child:								
		Monthly Rate	Student	Spouse	Each Child			
		Medical Policy #2014-20282	26-1 \$144.00	\$575.00	\$308.00			
		Unum Life & AD&D Policy	** \$1.80	na	na			
		Total Monthly Rate	\$145.80	\$575.00	\$308.00			
completed appledescribed in the NOTICE: Covera	lication and premie Master policy. age will be effective f	Cective on the same date the insurum are sent, if later. Coverage for	or insured dependent	ts terminates in	n accordance wit	h termination provis	tated in the	
indicated on this e	enrollment form; 2) H	oral fellow/graduate fellow/partial TAs e/She meets the eligibility requirements is is not eligible, the premium will be re	s for this coverage as de	scribed in the bro	chure; and 3) If it is			
SIGNATURE:								
		Plans at <u>info@univhealthplans.com</u> o :: UnitedHealthCare Insurance Compa			ns about enrolling eficiary Form Has B		n the plan.	
					•	(check box) DATE:		
ADMINISTRATION SIGNATURE:			TITLE:		DA	1 E.:		