

Policyholder Application

UnitedHealthcare Student Resources

UnitedHealthcare Insurance Company P.O. Box 31201 Salt Lake City, UT 84131

Policyholder	Fairleigh Dickinson University	Date	09/15/2026
Mailing Address	1000 River Road Teaneck, NJ 07666	Policy Number	2026-200137-2
Telephone Number	201-692-2000	Effective	2026/2027 Academic Year Hard Waiver-Student Plan

Class of Persons to be Insured

All full-time undergraduate students taking 12 credit hours or more, all full-time graduate students taking nine credit hours or more, any graduate student designated as full time by their department, all international students regardless of credit hours (including English as a Second Language, American Studies Program, Exchange Students, and Visiting faculty/Scholars) and those working as an intern are required to purchase this insurance Plan, unless proof of comparable coverage is furnished.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Rates

Graduate

Graduate	Annual		Fall		Spring	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	3,766.00	159.00	1,434.00	59.00	1,383.00	59.00

Student	Spring/Summer		Summer 1		Monthly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	2,332.00	100.00	949.00	41.00	314.00	13.00

(Information continues on attached sheets.)

Signature of School Official _____ Title _____ Date _____
Please Print Name of above Official _____
Signature of Agent _____ Date _____
Signature of Company Representative _____ Title _____ Date _____

	Daily	
	Premium	Non-Premium Cost
Student	10.32	0.45

Undergraduate

	Annual		Fall		Spring	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	1,775.00	159.00	676.00	59.00	652.00	59.00

	Spring/Summer		Summer 1		Monthly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	1,099.00	100.00	447.00	41.00	148.00	13.00

	Daily	
	Premium	Non-Premium Cost
Student	4.87	0.45

	Annual		Fall		Spring	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	1,775.00	159.00	676.00	59.00	652.00	59.00

	Spring/Summer		Summer 1		Monthly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	1,099.00	100.00	447.00	41.00	148.00	13.00

	Daily	
	Premium	Non-Premium Cost
Student	4.87	0.45

NOTE: The Non-Premium Cost stated above includes fees charged by the policyholder. Such fees may include amounts which, for example, cover the school's administrative cost associated with offering this health plan as well as amounts which are paid to certain non-insurer vendors and consultants by, or at the direction of, the policyholder.

(Information continues on attached sheets.)

Effective/Expiration Dates

Graduate

Graduate	
Annual	08/15/2026 through 08/14/2027
Fall	08/15/2026 through 12/31/2026
Spring	01/01/2027 through 05/14/2027
Spring/Summer	01/01/2027 through 08/14/2027
Summer 1	05/15/2027 through 08/14/2027
Monthly	
Daily	

Undergraduate

Undergraduate	
Annual	08/15/2026 through 08/14/2027
Fall	08/15/2026 through 12/31/2026
Spring	01/01/2027 through 05/14/2027
Spring/Summer	01/01/2027 through 08/14/2027
Summer 1	05/15/2027 through 08/14/2027
Monthly	
Daily	

Basic - ITL	
Annual	08/15/2026 through 08/14/2027
Fall	08/15/2026 through 12/31/2026
Spring	01/01/2027 through 05/14/2027
Spring/Summer	01/01/2027 through 08/14/2027
Summer 1	05/15/2027 through 08/14/2027
Monthly	
Daily	

Policyholder Application (Continued)
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New Jersey Mandatory Offers of Coverage

I hereby _____ elect _____ decline the Benefits for Second and Third Surgical Opinion as offered according to New Jersey Insurance Code.

Signature of School Official _____
Title _____
Date _____