

UNITED HEALTHCARE
RHODE ISLAND SCHOOL OF DESIGN
2015 – 2016 STUDENT INSURANCE ENROLLMENT CARD – FOR DEPENDENTS
(PLEASE PRINT)

Students Name _____
 Last First MI
 Permanent U.S. Address _____
 Street or PO Box City State Zip
 Social Security # _____ Date of Birth _____ Phone# _____] Male Female

List Dependents to be insured below. Dependent coverage is available ONLY if the student is also insured under the Plan.

	Last Name	First Name	MI	Date of Birth	Student ID #
Spouse:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____

Payment Instructions: Make check or money order payable to University Health Plans, Inc., Mail this enrollment card along with premium payment to University Health Plans, One Batterymarch Park, Quincy, MA 02169.

Please check all appropriate boxes:

	Annual 09/01/15 – 08/31/16	Spring 01/01/16 – 8/31/16	Summer 06/01/16 – 08/31/16
Spouse	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$799	<input type="checkbox"/> \$302
One Child	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$799	<input type="checkbox"/> \$302
Two or More Children	<input type="checkbox"/> \$2,398	<input type="checkbox"/> \$1,599	<input type="checkbox"/> \$603
Spouse and Two or More Children	<input type="checkbox"/> \$3,597	<input type="checkbox"/> \$2,398	<input type="checkbox"/> \$904

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. It is the student's responsibility for timely renewal payments. By signing below, 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; 4) If it is later determined that the student is not eligible, the premium will be refunded by the insurance company; and 5) Other than Eligibility, the premium is not refundable.

Signature of Student _____ Date _____