

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
UnitedHealthcare StudentResources - Student Health Insurance Plan
2022-2023 Qualifying Event Enrollment Form

VISITING SCHOLARS AND INTERNATIONAL STUDENTS WITH A RUTGERS UNIVERSITY F1, F2, J1 OR J2 SPONSORED VISAS AND THEIR DEPENDENTS MUST ENROLL THROUGH THE CENTER FOR GLOBAL SERVICES.

STUDENT INFORMATION: *(ALL fields are required)*

Student Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: ____ / ____ / ____

Student ID#: _____ Sex assigned at birth: ____ Email Address: _____

Telephone #: ____ - ____ - _____ Mailing Address: (Street Address) _____

Student Status: FT ____ PT ____ (City) _____ (State) _____ (Zip Code) _____

DEPENDENT INFORMATION: *(if applicable)*

Spouse's Name: (Last) _____ (First) _____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: ____

Child's Name: (Last) _____ (First) _____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: ____

Child's Name: (Last) _____ (First) _____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: ____

Child's Name: (Last) _____ (First) _____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: ____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation, and applicable deadlines. **If your "reason for late enrollment" is not listed below or if the deadline has passed, you are not eligible to enroll at this time and must wait until the next policy period begins.**

Person To Be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required.	UHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	The effective date of the new coverage will be:
Full-Time or Part Time Student	Involuntary Termination of Prior Coverage	Insurance document showing the date of termination and name	30 days following prior coverage termination.	the date of prior coverage termination.
Spouse	Involuntary Termination of Prior Coverage	Insurance document showing the date of termination and name	30 days following prior coverage termination.	the date of prior coverage termination.
Spouse	Entry into U.S.	Identification page of Passport and page with U.S. entry date stamp	30 days following date of entry into the U.S.	the date of entry into the U.S.
Spouse	Marriage to Student	Marriage certificate	30 days following date of marriage.	the date of marriage.
Child(ren)	Involuntary Termination of Prior Coverage	Insurance document showing the date of termination and Child(ren) name(s)	30 days following prior coverage termination.	the date of prior coverage termination.
Child(ren)	Birth	Birth certificate, if available	60 days following date of birth.	the 61 st day after date of birth.
Child(ren)	Adoption	Official adoption papers showing date of adoption	30 days following adoption.	the date of adoption.

PREMIUM INFORMATION: Please contact University Health Plans at 800-437-6448 to obtain the premium amount due. If you have already done so, **please make check or money order payable to RSC Insurance Brokerage, Inc.**

MAILING INSTRUCTIONS: Mail (1) the completed enrollment form, (2) a copy of the required supporting documentation (refer to table above) and (3) check or money order to: University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368. You will receive an email from United HealthCare with your member ID and instructions for downloading your online ID card approximately 10 business days after all three items are received by University Health Plans. **ALL THREE ITEMS MUST BE RECEIVED WITHIN THE STATED ABOVE DEADLINE.**

ENROLLMENT REQUIREMENTS CHECKLIST:

- Complete this form.
- Include the required documentation (see above table). ALL enrollments require something in addition to this form. Your enrollment request cannot be processed without it.
- Contact University Health Plans for premium information.

Student Signature: _____ Date: _____

If you have any questions, please contact University Health Plans at 800-437-6448 or info@univhealthplans.com.