

UNIVERSITY OF DELAWARE
2018-19 STUDENT HEALTH INSURANCE PLAN (UD PLAN)
DEPENDENT ENROLLMENT FORM

Students who enroll in the UD Plan may add coverage for their eligible dependents by submitting this form.

PART A - Student Information

The student should complete this section with their information. Required fields are noted with an asterisk (*).

University ID #*	Last Name*	First Name*	Middle Initial	Date of Birth* / /
Phone Number*	Street Address*			Apt. / Floor
City*	State*	Zip Code*	Email Address*	

PART B - Coverage Selection

Check the box next to the plan you are purchasing. Amounts below are in addition to the student enrollment premium.

Coverage Period	Deadline	Add One Dependent	Add Two or More Dependents
Annual Plan 8/15/18*-8/14/19**	9/15/2018	<input type="checkbox"/> \$4,130	<input type="checkbox"/> \$7,086
Spring Plan 2/1/19*-8/14/19**	2/28/2019	<input type="checkbox"/> \$2,214	<input type="checkbox"/> \$3,799
Summer 1 Plan 6/1/19*-8/14/19**	6/28/2019	<input type="checkbox"/> \$849	<input type="checkbox"/> \$1,457
Summer 2 Plan 7/1/19*-8/14/19**	7/31/2019	<input type="checkbox"/> \$505	<input type="checkbox"/> \$866

* Enrolled dependents will be given the same effective date applied to the student's UD Plan.
 ** Please refer to the VERY IMPORTANT NOTICE on Page 2 for details on the termination date applied to a dependent's UD Plan.

PART C - Dependent Information

You may include your legally married, same-sex civil union partner, and/or child(ren) on your plan under age 26 on your plan.

Required Information (*) for Spouse or Same Sex Civil Union Partner				
Last Name*	First Name*	Middle Initial	Gender*	Date of Birth*
			M F	/ /

Required Information (*) for Child(ren)				
Last Name*	First Name*	Middle Initial	Gender*	Date of Birth*
			M F	/ /
			M F	/ /
			M F	/ /
			M F	/ /

Page 2 of this application must be signed.

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PART D - Very Important Notice

Students enrolling their eligible dependents must pay the full premium required for coverage through the end of the policy year (i.e. 8/14/19). Payment plans or installment plans are not available.

MANDATORY STUDENTS: Dependent coverage will terminate at the same time as the student's UD Plan. Should the student no longer be categorized as "Mandatory" for the UD Plan in the Spring 2019 semester, UHP will terminate the coverage for the student and dependent(s) as of 1/31/19 and will send a refund check for the spring dependent premium after 2/28/19. Please Note: If the student switches to Voluntary Student status in the Spring 2019 semester and would like to remain covered by the SHIP through the end of the policy year (8/14/19), the student should contact UHP to request access to a Status Change Form. The Status Change Form will allow the student to submit the Voluntary Student premium for the coverage period of 2/1/19-8/14/19. The form can only be accessed by contacting UHP. UHP must receive the Status Change Form and full required student premium by midnight on 2/28/19.

VOLUNTARY STUDENTS: Dependent coverage will terminate at the same time as the student's UD Plan (8/14/19). A change in student status that occurs after the 31st day of class during the purchased Coverage Period will have no effect on the termination date of the Voluntary Student's UD Plan nor the termination date of their dependent(s).

The Highmark insurance card and online account will show a notation for "Pediatric Dental" (and "Pediatric Vision") for all members; however, only members under the age of 19 at the time of their dental services (or under the age of 18 at the time of their vision services) may be eligible to use this pediatric benefit.

PART E - Terms of Agreement & Signature

BY SUBMITTING THIS ENROLLMENT FORM: (1) I acknowledge that the premium paid with this form does not include the premium for my own UD Plan enrollment; (2) I confirm that the demographic information provided is for no one but my legally married spouse, same-sex civil union partner, and/or (natural child, step child, foster child, or adopted) child(ren) under the age of 26; (3) I am confirming that I understand my dependent(s) will be given the same effective date applied to my own student UD Plan; and (4) I am confirming that I have read and understand the section at the top of this page entitled "VERY IMPORTANT NOTICE" regarding the termination date which will be applied to my dependents' coverage.

Student Signature

X

Date

PART F - Insurance Card Information

Depending on the amount of time between when University Health Plans (UHP) receives the student's enrollment and the dependents' enrollment request, a set of Enrollee Only cards may be sent out initially and followed by an updated set indicating the proper type of coverage. Should UHP receive the Dependent Enrollment Form prior to receiving the student's enrollment information, the dependent plan processing will be put on hold until the student's enrollment is received by UHP.

Cards will be mailed to the address provided in the student's enrollment data.

PART G - Payment & Mailing Instructions

Make your check or money order for the total applicable premium payable to:
University Health Plans

Return this form and your payment to:
University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368

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