



UnitedHealthcare Student Resources Student Injury and Sickness Plan Enrollment Form

Student ID# _____ Male Female Date of Birth ____/____/____

Student's Name _____
Last (Family) Name First (Given) Name Middle Initial

Current Address _____
Number and Street Apt # City State Zip Code

Telephone # () _____ - _____ Email address _____

On Campus Resident _____ Graduate Undergraduate Are you on an F1 or J1 visa?
Yes No (For International Students Only)

Term	Coverage Dates	Choose Your Coverage	Enrollment Ends	Student Rates
Annual	8/10/11-8/9/12	<input type="checkbox"/>	9/1/11	\$2,234
Fall Semester Only	8/10/11-12/31/11	<input type="checkbox"/>	9/1/11	\$884
Fall I	8/10/11-10/16/11	<input type="checkbox"/>	9/1/11	\$418.50
Fall II	10/17/11-12/31/11	<input type="checkbox"/>	11/1/11	\$465.50
Spring	1/1/12-5/19/12	<input type="checkbox"/>	2/1/12	\$860
Spring I	1/1/12-3/18/12	<input type="checkbox"/>	2/1/12	\$477.50
Spring II	3/19/12-8/9/12	<input type="checkbox"/>	4/1/12	\$872.50
Spring III	3/19/12-5/19/12	<input type="checkbox"/>	4/1/12	\$382.50
Spring/Summer	1/1/12-8/9/12	<input type="checkbox"/>	2/1/12	\$1350
Summer	5/20/12-8/9/12	<input type="checkbox"/>	6/25/12	\$514

Please check this box if you would like split charges (Annual Coverage only)

I agree to the following terms and conditions as stated below:

- * I will be enrolled in the United Healthcare Student Resources Injury and Sickness Plan for the coverage period selected above.
- * The cost of the insurance will be added to my student account.
- * It is my responsibility to update my coverage by contacting the Insurance Specialist 14 days prior to the next enrollment period.
- * I must notify the Insurance Specialist if I am leaving the country or adding classes or enrolling in the OPT program.
- * If I do not notify the Insurance Specialist of any status change this will result in my being automatically enrolled into the next enrollment period without an opportunity to waive out of this assigned coverage period.

Student's Signature _____ Date _____

Fax it: 314-246-2399
Scan and Email:
amyclayton13@webster.edu

Please send this completed form to:
Webster University Student Health Services
Attn: Amy Clayton, Insurance Specialist
540 Garden Ave.

For questions, please call:
314-968-6922