

PLEASE COMPLETE THIS FORM IN BLOCK LETTER PRINT USE BLACK INK

UNITED HEALTHCARE INSURANCE COMPANY ENROLLMENT FORM FOR UNDERGRADUATE STUDENTS, GRADUATE STUDENTS AND THEIR DEPENDENTS

PROCESSOR STAMP DATE RECEIVED HERE



BIRMINGHAM-SOUTHERN COLLEGE

2009-325-91

SOCIAL SECURITY # \_\_\_\_\_ or SCHOOL ID# \_\_\_\_\_
PRIMARY INSURED STUDENT NAME: \_\_\_\_\_
Last (Family) Name
First (Given) Name Middle Initial

GENDER: [ ] Male [ ] Female DATE OF BIRTH: \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_
Check one Month Day Year Month Year

MAILING ADDRESS: \_\_\_\_\_
House/Building Number and Street Name

\_\_\_\_\_
Apt. or P.O. Box # or Rural Route City County State ZIP Code

PERMANENT ADDRESS: \_\_\_\_\_
House/Building Number and Street Name

\_\_\_\_\_
Apt. or P.O. Box # or Rural Route City County State ZIP Code

TELEPHONE # \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Complete information below for Dependents to be insured. Dependent coverage is available only for Students insured under the Plan.

SPOUSE: \_\_\_\_\_ [ ] Male [ ] Female Date of Birth : \_\_\_\_\_
Social Security Number (Check One) Month Day Year

\_\_\_\_\_
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ [ ] Male [ ] Female Date of Birth : \_\_\_\_\_
Social Security Number (Check One) Month Day Year

\_\_\_\_\_
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ [ ] Male [ ] Female Date of Birth : \_\_\_\_\_
Social Security Number (Check One) Month Day Year

\_\_\_\_\_
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ [ ] Male [ ] Female Date of Birth : \_\_\_\_\_
Social Security Number (Check One) Month Day Year

\_\_\_\_\_
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ [ ] Male [ ] Female Date of Birth : \_\_\_\_\_
Social Security Number (Check One) Month Day Year

\_\_\_\_\_
First (Given) Name M/I Last (Family) Name

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. By signing, 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; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

