

**UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR DEPENDENTS**

PROCESSOR STAMP DATE RECEIVED HERE

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UTAH STATE UNIVERSITY

2015-5856-91

PRIMARY INSURED Complete information below for Student.

SOCIAL SECURITY #:		OR STUDENT ID #:	
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	EXPECTED DATE OF GRADUATION: _____ / _____ MONTH / YEAR	
PERMANENT ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	

DEPENDENT INFORMATION: Complete information below for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan (Please include a blank sheet for additional Dependents).

SPOUSE SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	Last (Family) Name:	
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name	Middle Initial:	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.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

STUDENT'S SIGNATURE: _____

DATE: _____

CAMPUS LOCATION:

UTAH STATE UNIVERSITY

I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: International / Undergraduate International / Graduate
 Domestic / Undergraduate Domestic / Graduate

PERIOD CODES Spring / Summer (J-)

ID CODES

1	Student	<input type="checkbox"/> \$ 1,051.00
2	Spouse	<input type="checkbox"/> \$ 1,051.00
3	One Child	<input type="checkbox"/> \$ 1,051.00
4	Two or More Children	<input type="checkbox"/> \$ 2,102.00
5	Spouse + Two or More Children	<input type="checkbox"/> \$ 3,153.00

PLEASE CHECK ALL APPROPRIATE BOXES

EFFECTIVE / EXPIRATION PERIODS:

Spring / Summer 01-01-2016 to 08-14-2016

Payment Instructions: Make check or money order payable to First Risk Advisors in US dollars. Mail this enrollment card along with premium payment to:
 First Risk Advisors
 67 W Court Street
 Doylestown, PA 18901

Your cancelled check is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

The State of Utah requires UnitedHealthcare Insurance Company to request the following information about the Primary Insured. You may select a primary and secondary race, a primary and secondary ethnicity, and a primary language. If you choose not to supply this information, please select the box below.

I have read the request for information and choose not to supply a response

Primary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	Other (please enter)
[UNKNOW]	Unknown / Not Specified

Secondary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	Other (please enter)
[UNKNOW]	Unknown / Not Specified

Are you Hispanic / Latino / Spanish:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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Primary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
[CVERDN]	Cape Verdean
[CARIBI]	Caribbean Island
[2155-0]	Central American (not otherwise specified)
[2034-7]	Chinese
[2169-1]	Columbian
[2182-4]	Cuban
[2184-0]	Dominican
[EASTEU]	Eastern European
[2108-9]	European
[2036-2]	Filipino
[2157-6]	Guatemalan
[2071-9]	Haitian
[2158-4]	Honduran
[2039-6]	Japanese
[2040-4]	Korean
[2041-2]	Laotian
[2148-5]	Mexican, Mexican American, Chicano
[2118-8]	Middle Eastern
[PORTUG]	Portuguese
[2180-8]	Puerto Rican
[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter)
[UNKNOW]	Unknown / Not Specified

Secondary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
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[2047-9]	Vietnamese
[OTHER]	Other (please enter)
[UNKNOW]	Unknown / Not Specified

Primary Language (select one)**2015-5856-91**

[799]	African Languages (please specify) _____
[777]	Arabic
[708]	Chinese (please specify) _____
[601]	Cape Verdean Creole
[600]	English
[620]	French
[607]	German
[637]	Greek
[623]	Haitian Creole
[778]	Hebrew
[663]	Hindi
[619]	Italian
[723]	Japanese

[724]	Korean
[656]	Persian
[645]	Polish
[629]	Portuguese
[639]	Russian
[625]	Spanish
[742]	Tagalog
[671]	Urdu
[728]	Vietnamese
[997]	Other Language (please specify) _____
[998]	Declined
[999]	Unavailable