UnitedHealthcare Insurance Company

2015-2016 Student Injury and Sickness Insurance

The University of Tennessee

**Student Enrollment Form**

CAMPUS LOCATION:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Chattanooga  | [ ]  Knoxville | [ ]  Martin | [ ]  Tullahoma |

STATUS:

|  |  |
| --- | --- |
| [ ]  Undergraduate/Graduate Student | [ ]  Appointed Graduate Students Enrolling Dependents Only |
| [ ]  Students Enrolling in Dental Only | [ ]  International Students Enrolling Dependents Only |

COVERAGE DATES: These periods are non-negotiable.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Annual08/01/15 to 07/31/16 | [ ]  Fall 08/01/15 to 12/31/15 | [ ]  Spring/Summer  01/01/16 to 7/31/16 | [ ]  Summer  05/01/16 to 7/31/16 |

|  |
| --- |
| Student Information – ALL REQUIRED |
| Last Name First Name Middle Initial               | Date of Birth – MM/DD/YY      | Gender[ ]  Male[ ]  Female |
| Mailing Address      | City      | State   | Zip Code      |
| Social Security Number      | Student ID Number      | Telephone No.(     )     -      | Email Address\*      |

All Student information is REQUIRED. Please allow 7 business days to process your enrollment upon receipt by our office. Failure to submit all required information may delay processing.

\* Insureds may access account information/ID cards online at www.uhcsr.com using email address on file. ID cards are not automatically mailed.

Dependent Information: The following information must be provided for Dependent(s) to be insured. Dependent coverage expires concurrently with that of the primary insured.

|  |
| --- |
| Dependent Information |
| Relationship | Gender | Social Security Number | Last Name | First Name | MI | Date of Birth |
| Spouse | [ ]  Male[ ]  Female |      |       |       |   | **/  /** |
| Child | [ ]  Male[ ]  Female  |      |       |       |   | **/  /** |
| Child | [ ]  Male[ ]  Female  |      |       |       |   | **/  /** |
| Child | [ ]  Male[ ]  Female  |      |       |       |   | **/  /** |

**NOTICE TO STUDENT:**

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; 4) He/She will be responsible for their own enrollment and maintaining continuous coverage by meeting applicable enrollment deadlines; and 5) 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**:

1268EC2015

**Enrollment Options:**

1. **MAIL** enrollment form and include a check or money order made payable to John H. Hildreth, CLU, LLC in U.S. dollars or refer to the Charge Card Authorization to charge your premium to Visa, Discover, or MasterCard.

Mailing Address: John H. Hildreth, CLU, LLC

 Attn: Student Health Insurance

 10259 Kingston Pike

Knoxville, TN 37922

1. **FAX** enrollment form to 865-694-0362. This requires payment by credit card.
2. **ONLINE** enrollment can be completed by visiting [www.studenthealthprograms.com](http://www.studenthealthprograms.com). Credit card payment is required.
3. **IN PERSON** drop off your enrollment form at our office, located at 10259 Kingston Pike Knoxville, TN 37922.

*Your cancelled check, credit card billing, or email confirmation is your receipt and notification of coverage*.

**Payment is due in full at time of enrollment. Optional Dental Coverage is available during Fall/Annual enrollment and must be purchased on an annual basis. It is the student’s responsibility for timely renewal payments whether or not a renewal notice is received.**

|  |  |  |
| --- | --- | --- |
| **Injury and Sickness Insurance Coverage - Medical Premiums**  |  | **Optional Dental Coverage** |
| ***(if adding a dependent, premiums are to be added together)*** | ***(premiums are already combined)*** |
|   |  **Annual** |  **Fall** |  **Spring + Summer** | **Summer** |  |  |  **Annual** |
| 8/1/15 – 7/31/16 | 8/1/15 – 12/31/15 | 1/1/16 – 7/31/16 | 5/1/16 – 7/31/16 |  |  | 8/1/15 – 7/31/16 |
| 1. Student | $1,680  | $700 | $980 | $420 |  | 5. Student | $282.32 |
| 2. Spouse | $1,680 | $700 | $980 | $420 |  | 6. Student + Spouse | $564.51 |
| 3. Each Child | $1,680 | $700 | $980 | $420 |  | 7. Student + Child(ren) | $691.45 |
| 4. All Children | $3,360 | $1,400 | $1,960 | $840 |  | 8. Student + Family | $1,028.18 |

**Enrollment Deadlines:**

Annual Coverage…………………………………. September 20, 2015 Dental Coverage……………………………. September 20, 2015

Fall Coverage………………………………………. September 20, 2015 Spring + Summer Coverage………………… January 31, 2016

Your enrollment form and premium payment must be received in our office by the applicable enrollment deadline. NO EXCEPTIONS.

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| **PAYMENT INFORMATION** |
| **Payment Method:**(check the appropriate box)[ ]  Charge Card[ ]  Check #      [ ]  Money Order | **Premium Summary:**Medical Premium for Student from line 1Medical Premium for Spouse from line 2Medical Premium for one Child from line 3Medical Premium for All Children from line 4Dental Premium for Student from line 5Dental Premium for Student + Spouse from line 6Dental Premium for Student + Child(ren) from line 7Dental Premium for Student + Family from line 8**Total Premium Due** | **+****+****+****+****+****+****+****=**  |
| **Premium will not be refunded except for ineligibility or entrance into the armed forces.** | **Charge Card Authorization:****(An additional 2.5% will be added when paying by credit card)**Visa / Discover / MasterCard No.      CID Code (3 digit code on back of credit card)      Expiration Date       **Total Charge** (Total Premium Due + 2.5% processing fee)      Cardholder signature ­ Date       |