



National Guardian Life Insurance Company
2017-2018 Student Health Insurance Plan
Optional Intercollegiate Sports
Spring/Summer Enrollment Form

STUDENT HEALTH INSURANCE OFFICE
CASSIDY HALL – CAMPUS BOX 46
GREELEY, COLORADO 80639
(970) 351-1915 FAX: (970) 351-3234



Enrollment Period

Premium Amount

Spring/Summer Semester 01/01/2018 through 07/31/2018 Student only \$ 835.00

Student Name: Bear#:

Date of Birth: Gender: Male Female SSN#:

Address: Street City State Zip

Telephone Number: Sport:

Intercollegiate student athletes at the University of Northern Colorado may obtain this optional benefit to cover Injuries that occur while participating in an intercollegiate sport. This coverage is for Injuries only and requires an additional premium of \$835.00 for Spring/Summer coverage. You must be enrolled in the University of Northern Colorado Student Health Insurance Plan to be eligible for this coverage.

To enroll, please provide the following information.

- A signed copy of this enrollment form
Payment by cashier's check or money order payable to National Guardian Life Insurance Company or credit card to UNC in the amount of \$835.00 for Spring/Summer coverage.
Proof of player status on an official UNC intercollegiate sports team.

This benefit will be paid as any other covered Injury and a maximum payment of \$5,000 per covered Injury.

Table with Payment Options: Charge Full Amount via Card, Expiration Date, VISA, MasterCard, Discover, Check made payable to, National Guardian Life Insurance Company, Check Amount, Check Number, Credit Card Number.

By signing this form, I hereby authorize Academic HealthPlans to initiate a credit card transaction for the payment of my premium. I understand my insurance will be cancelled if my credit card is declined. All charges will show on my credit card statement as Academic HealthPlans, Inc.

Signature of Cardholder: DATE

Printed Name of Cardholder: DATE

Signature of Student: DATE

For Office Use Only: Comments: Date Entered: Flag Changed: Entered By: Eligibility: Update: E-Mail Sent to Student: Letter: Benefits Book: Medicat: Scanned: # of hours: