



Enrollment will NOT be accepted after the Open Enrollment Period (see below for details)

If you would like coverage, please complete this voluntary student enrollment form then email it to stuins@louisville.edu.

Enrollment verification will be sent to the email address you provide on this enrollment form.

(PLEASE PRINT CLEARLY or TYPE)

STUDENT INFORMATION form with fields for Student Name, Local & ID Card Mailing Address, Permanent Address, Email, Phone/Cell Number, Date of Birth, SSN, and Student ID Number.

(PLEASE CHECK ALL THE APPROPRIATE BOXES)

Student/Insured Classification: [ ] Full/Part Time

Table with 2 main columns: PERIOD RATES AND COVERAGE DATES and CALCULATE TOTAL PREMIUM DUE. Includes rows for Fall coverage, Open Enrollment Periods, and a TOTAL row.

The billed amount includes administrative fees, non-insured services, and certain federal, health care fees/assessments. Please use the chart above to calculate total amount due.

PAYMENT INFORMATION. STUDENTS WILL BE CHARGED ON THEIR TUITION BILL.

ENROLLMENT TERMS & CONDITIONS: Coverage will be effective the date the correct premium is received by the Company, or an authorized representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy.

I understand my information is protected by privacy laws and will be released only in accordance with these laws.

My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept it as applicable to me regarding the terms and conditions stated therein.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature of Student, or Parent if Student is under age 18)