



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									
Student Name		First		Middle Initial			Last		
Local & ID Card Mailing Address		Street or P.O.Box				City		State	Zip Code
Permanent Address		Street or P.O.Box				City		State	Zip Code
Email		(A confirmation email will be sent upon enrollment)					Phone/Cell Number		() -
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	(MM/DD/YYYY) / /	SSN	- -	Student ID Number	(must be provided to be processed)

(PLEASE CHECK ALL THE APPROPRIATE BOXES)

Student/Insured Classification: Full/Part Time

PERIOD RATES AND COVERAGE DATES		CALCULATE TOTAL PREMIUM DUE	
	Fall 08/01/2018 through 12/31/2018	Step 1 - Choose all desired premiums Step 2 - Write the amount chosen in the applicable column(s) below Step 3 - Calculate and submit total due	
Open Enrollment Periods:	from 07/10/2018 to 08/31/2018		
Student (tuition-billed)	\$ 1,433.00	\$	
TOTAL		\$	

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.

NOTICE TO STUDENT. 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. By signing below, the student and cardholder acknowledges the following: **1)** Rates are not pro-rated other than as listed on this enrollment form; **2)** Student meets the eligibility requirements for this coverage as described in the brochure; **3)** If it is later determined that the student is not eligible, coverage will be deemed to have not been in force and the premium will be returned; and **4)** Other than eligibility or entry into the Armed Forces, **the premium is not refundable.** It is the student's responsibility to make a timely renewal payment. This plan is underwritten by **UnitedHealthcare Insurance Company.**

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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

SIGNATURE: _____ DATE: _____

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