

PLEASE COMPLETE THIS FORM IN BLOCK LETTER PRINT USE BLACK INK

VOLUNTARY ENROLLMENT FORM FOR INTERNATIONAL STUDENTS, EXCHANGE VISITORS, AND THEIR DEPENDENTS UCD Inbound International Plan 2009-2010



STUDENT ID # or EXCHANGE VISITOR # _____

PRIMARY INSURED:

STUDENT or

EXCHANGE VISITOR NAME: _____
 Last (Family) Name First (Given) Name Middle Initial

GENDER: Male Female
 Check one

DATE OF BIRTH: _____ - _____ - _____
 Month Day Year

MAILING ADDRESS: _____
 House/Building Number and Street Name

_____ Apt. or P.O. Box # or Rural Route City County State Zip Code

TELEPHONE # _____ - _____ - _____ E-MAIL ADDRESS: _____

VISA STATUS: F1 J1 Other _____ Home Country _____
 (Write Status)

Complete information below for Dependents to be insured. Dependent coverage is available only for Dependents of Student or Exchange Visitor insured under the Plan. For dependents, coverage must begin when the Eligible Participant starts or within 30 days of arrival in this country. Dependents cannot enroll at a later time, unless they are a newborn.

SPOUSE: _____ - _____ - _____ Male Female DATE OF BIRTH: _____ - _____ - _____
 Social Security Number (Check one) Month Day Year

_____ First (Given) Name MI Last (Family) Name

CHILD: _____ - _____ - _____ Male Female DATE OF BIRTH: _____ - _____ - _____
 Social Security Number (Check one) Month Day Year

_____ First (Given) Name MI Last (Family) Name

CHILD: _____ - _____ - _____ Male Female DATE OF BIRTH: _____ - _____ - _____
 Social Security Number (Check one) Month Day Year

_____ First (Given) Name MI Last (Family) Name

CHILD: _____ - _____ - _____ Male Female DATE OF BIRTH: _____ - _____ - _____
 Social Security Number (Check one) Month Day Year

_____ First (Given) Name MI Last (Family) Name

CHILD: _____ - _____ - _____ Male Female DATE OF BIRTH: _____ - _____ - _____
 Social Security Number (Check one) Month Day Year

_____ First (Given) Name MI Last (Family) Name

NOTICE TO STUDENT OR EXCHANGE VISITOR: Coverage will be effective on the first date of the semester in which you have enrolled if you have paid premium by the "Last Day to Enroll" on the back of this form. By signing, the student or exchange visitor acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student or exchange visitor is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility.**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Student or Exchange Visitor's Signature _____ Date _____

SCHOOL ATTENDING:

- Downtown Denver Campus
- Anschutz Medical Campus

I elect to purchase insurance coverage under the UCD Inbound International Plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES:

INSURED CATEGORY:

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> International Student F-Visa, J-Visa Holders
<input type="checkbox"/> Renewal	<input type="checkbox"/> All Other Visa Holders _____ Type of VISA

CLASS OF COVERAGE:

	Fall	Spring/Summer	Summer
A. Student or Exchange Visitor	<input type="checkbox"/> \$670	<input type="checkbox"/> \$968	<input type="checkbox"/> \$335
B. Spouse	<input type="checkbox"/> \$2,315	<input type="checkbox"/> \$3,271	<input type="checkbox"/> \$1,158
C. Child	<input type="checkbox"/> \$940	<input type="checkbox"/> \$1,346	<input type="checkbox"/> \$470
D. Children (Two or More)	<input type="checkbox"/> \$1,830	<input type="checkbox"/> \$2,592	<input type="checkbox"/> \$915

EFFECTIVE / EXPIRATION PERIODS:

		<u>Last Day to Enroll</u>
Fall	<input type="checkbox"/> 08-01-2009 through 12-31-2009	09-18-2009
Spring/Summer	<input type="checkbox"/> 01-01-2010 through 07-31-2010	02-12-2010
Summer Only	<input type="checkbox"/> 05-15-2010 through 07-31-2010	06-18-2010

Payment Instructions: To pay by mail: Make check or money order payable to "ECI" in US dollars or refer to the Charge Card Authorization below to pay by credit card. Mail this enrollment form along with premium payment, postmarked no later than the "Last Day to Enroll" date above, to ECI, P.O. Box 264, Jefferson, CO 80456. You may also **scan and email** the form with credit card authorization to info@evansconsult.com or **fax** it to 1-719-836-3825. If you have any questions please call ECI at 1-866-780-3824. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student or exchange visitor's responsibility for timely renewal payments whether or not a renewal notice is received.

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION

Charge will read "ECI (Student Insurance)" on Statement

CHARGE FULL AMOUNT \$ _____

VISA or MASTERCARD # _____

We only accept MasterCard or VISA

Expiration Date _____
Month _____ Year _____

AUTHORIZED SIGNATURE _____ DATE _____

OR PAID BY CHECK # _____ AMOUNT PAID \$ _____