

University of Denver
Student Health Insurance Plan (SHIP) Enrollment Form for
2007-2008 Spring & Summer Quarter (Study Abroad)

1. Student Information

Student Name:

_____ Last name First Name MI

DU Student ID#: _____ Date of Birth mm/dd/yy: _____ Male Female

U.S. Mailing Address:

City: _____ State: _____ Zip Code: _____ Local Phone Number: _____

Student Type (circle): *Continuous Enrollment • Law • Graduate • Graduate Tax • Undergraduate Email: _____ @du.edu

Study Abroad - Country _____ Dates ___/___/___
(emails will only be sent to a @du.edu account)

2 Enrollment Period

Please initial the dotted line that you understand the coverage dates.	\$1110
	Coverage Dates
	____ _ March 24, 2008 – August 31, 2008
	Enrollment Deadline: BEFORE YOU LEAVE THE UNITED STATES

3. Circle Payment Method

Personal Check or Money Order # _____ <small>Make check or money order payable to DU.</small>	CASH OR CREDIT CARD WILL NOT BE ACCEPTED
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4. Notice to Student (Signature required)

I have carefully read the brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. I permit the University of Denver to provide the Chickering Group with my enrollment status for purposes of eligibility under this plan. 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 the 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.

Enrollment Guidelines: If the Dependent Application and Premium is received on or before the deadline date, coverage will be backdated to the beginning of the Policy Period for which coverage has been purchased. Applications received after the deadline date will not be accepted in the absence of a significant life change (i.e. involuntary loss of prior coverage).

Student Signature: _____ **Date:** _____

Form & payment must be received at: The DU Health & Counseling Center / 2240 E Buchtel Blvd 3N / Denver, CO 80208
 Phone 303.871.4136 • Fax 303.871.4242

HCC OFFICE USE ONLY

Notes:				
<u>Received by:</u> Elizabeth • JD • Sarah • Melody • Erica • Other:	<input type="checkbox"/> Verify all sections are completed, initialed and signed <input type="checkbox"/> Verbally verify student understands coverage dates <input type="checkbox"/> Give a copy to the student <input type="checkbox"/> Verify Payment	Date	:	___/___/___
<u>Processed by:</u> Sarah • JD • Other:	<input type="checkbox"/> Verify student status in Banner <input type="checkbox"/> Scan <input type="checkbox"/> Complete Cashier Receipt <input type="checkbox"/> Submit to the Bursar within one business days	Date	:	___/___/___