

**University of Denver**  
**Student Health Insurance Plan (SHIP) Enrollment Form for**  
**2009-10 Spring Quarter Semester (201030)**

**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

(emails will only be sent to a @du.edu account)

**2. Enrollment Period**

Please initial the dotted line that you understand the coverage dates.	<b>\$1140</b>	To enroll a dependent, please visit <a href="http://www.uhcsr.com/du">www.uhcsr.com/du</a> .
	<b>Coverage Dates</b>	
	____ __ __ <b>March 22, 2010 - August 31, 2010</b>	
	<b>Enrollment Deadline: April 09, 2010</b>	

**How to get your ID card**

*One week after your enrollment form is received at the DU Health & Counseling Center, please visit United's website at [www.uhcsr.com/du](http://www.uhcsr.com/du). There you can create an account, and print an ID card directly from the website. Please note that an ID card will not be sent to you until you create an account, verify your mailing address and request one.*

**3. Payment**

**Personal Check or Money Order**

# \_\_\_\_\_

Make check or money order payable to DU.

**CASH OR CREDIT CARD WILL NOT BE ACCEPTED**

**4. Notice to Student (Signature required)**

**I have carefully read the brochure and elect to enroll as indicated.** Rates are not prorated other than as listed. I permit the University of Denver to provide United Healthcare Student Resources 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: DU Health & Counseling Center / 2240 E Buchtel Blvd 3N / Denver, CO 80208  
 Phone 303.871.2205 • Fax 303.871.4242