

University of Denver
Student Health Insurance Plan (SHIP) Enrollment Form for
2010-2011 Spring 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:

Cell Phone Number:

Student Type (circle): *Continuous Enrollment • Law • Graduate • Graduate Tax • Undergraduate

Email:

@du.edu

2. Enrollment Period

I understand I must waive the *standard* Student Health Insurance Plan via 'myweb' _____ (initials)

I understand I must visit www.uhcsr.com/du to request a plastic ID card _____ (initials)

Coverage Options

March 21, 2011-June 12,2011 (required)	\$606	\$606
Total Premium:		

Coverage Dates

Start Date* ___/___/___ **End Date** ___/___/___

**if enrolling after the first of the month, coverage begins that day*

I understand my coverage dates

____ (initials)

Enrollment Deadline: BEFORE YOU LEAVE THE UNITED STATES

3. Circle Payment Method

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 pro-rated other than as listed. I permit the University of Denver to provide the 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.

Student Signature: _____ **Date:** _____

Form & payment must be received at: The DU Health & Counseling Center / 2240 E Buchtel Blvd 3N / Denver, CO 80208-3230
 Phone 303.871.4136 • Fax 303.871.4242