

University of Denver
Student Health Insurance Plan (SHIP) Enrollment Form for
2011-2012 Fall 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

<i>(initial below I understand I must waive the standard Student Health Insurance Plan via 'myWeb')</i> _____	Select Coverage Dates	Cost
	September 1, 2011 – January 1, 2012	\$606
	August 1, 2011 – August 31, 2011	\$202
	January 2, 2012 – January 31, 2012	\$202
	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.

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

PLEASE VISIT WWW.UHCSR.COM/DU TO CREATE AN ACCOUNT AND PRINT A CARD. AFTER CREATING AN ACCOUNT, YOU MAY REQUEST A PLASTIC CARD BE MAILED TO YOU.