

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

Select Coverage Dates	Cost
January 2, 2012 – March 25, 2012	\$606
<b>Enrollment Deadline: BEFORE YOU LEAVE THE UNITED STATES</b>	

**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](http://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.**