



Student Information

Last Name: DU Student ID #: First Name: Date of Birth (mm/dd/yy): U.S. Mailing Address: City: State: Zip Code: Local Phone #: [Male/Female checkboxes]

Continuous Enrollment Form

QUARTER \$2930 Full Year

LAW \$2930 Full Year

Circle Enrollment Term

Table with 3 columns: Term, Coverage Dates, Student Initials. Rows include Fall, Winter, Spring, and Summer terms with associated dates and costs.

Table with 3 columns: Term, Coverage Dates, Student Initials. Rows include Fall, Spring, and Summer terms with associated dates and costs.

New Students ONLY

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.

Enrollment Guidelines: If the Enrollment 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 qualifying life event (i.e. involuntary loss of prior coverage).

Student's Signature:

Date: ___/___/___

Payment Information: Cash or Credit Card will not be accepted. Personal Check, Money Order, or Budget officer approval required. Make check or money order payable to University of Denver.

Budget # Check # Date: ___/___/___ Budget Office Signature: