



Student Health Insurance Plan Enrollment Form for 2017-2018

Student Information

Form with fields for Last Name, First Name, U.S. Mailing Address, City, State, Zip Code, DU Student ID #, Date of Birth, Gender, and Local Phone #.

Form with sections for Loss of Coverage, Study Abroad, Dates of Coverage, Prorated Premium, and Coverage Period.

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 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: Personal Check or Money Order. Cash or Credit Card payment will not be accepted. Make check or money order payable to University of Denver.

Form with fields for Check #, Amount \$, and Date.