

University of Denver
Student Health Insurance Plan (SHIP) Enrollment Form for
2013-2014 Continuous Enrollment Fall Quarter (201370)

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

(emails will only be sent to a @du.edu account)

2. Enrollment Period
Please initial the dotted line that you understand the coverage dates.

\$1210

Coverage Dates

____ September 1, 2013 to March 23, 2014

Enrollment Deadline: September 27, 2013

To enroll a dependent, please visit
www.uhcsr.com/du.

How to get your ID card

One week after your enrollment form is received at the DU Health & Counseling Center, please visit United's website at www.uhcsr.com/du. There you can create an account, and print an ID card directly from the website. Please note that an ID card will not be sent to you until you create an account, verify your mailing address and request one.

3. Payment

___ My Graduate Program pays for the premium. Please have your department's budget officer sign this form and enter the award into the Financial Aid System.

Budget Officer Name: _____ **Extension:** _____ **Date:** _____

Budget Officer Signature _____

4. 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 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 / Denver, CO 80208
Phone 303.871.2205 • Fax 303.871.4242



UNIVERSITY of DENVER

STUDENT LIFE
Health & Counseling Center