

PLEASE COMPLETE THIS  
FORM IN BLOCK  
LETTER PRINT  
USE BLACK INK

UNITEDHEALTHCARE INSURANCE COMPANY  
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS  
**AMERICAN COLLEGE STUDENT ASSOCIATION**  
To enroll in this plan ONLINE, go to [WWW.ACSA.COM](http://WWW.ACSA.COM)

The plan cannot be purchased by residents of Massachusetts, North Carolina, New Hampshire, New York, New Jersey, Oregon, Puerto Rico, Vermont and Washington. Please visit the association website at [www.acsa.com](http://www.acsa.com) for information regarding Massachusetts and New York plans available through the American College Student Association.

High Option: 2010-2101-21 / Low Option: 2010-2101-22

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or SCHOOL ID# \_\_\_\_\_

PRIMARY INSURED STUDENT NAME: \_\_\_\_\_  
Last (Family) Name  
\_\_\_\_\_  
First (Given) Name Middle Initial

GENDER:  Male  Female DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_ - \_\_\_\_\_  
Check one Month Day Year Month Year

MAILING ADDRESS: \_\_\_\_\_  
House/Building Number and Street Name  
\_\_\_\_\_  
Apt. or P.O. Box # or Rural Route City County State ZIP Code

PERMANENT ADDRESS: \_\_\_\_\_  
House/Building Number and Street Name  
\_\_\_\_\_  
Apt. or P.O. Box # or Rural Route City County State ZIP Code

TELEPHONE # \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**Complete information below for Dependents to be insured. Dependent coverage is available only for Students insured under the Plan.**

SPOUSE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year  
\_\_\_\_\_  
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year  
\_\_\_\_\_  
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year  
\_\_\_\_\_  
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year  
\_\_\_\_\_  
First (Given) Name M/I Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year  
\_\_\_\_\_  
First (Given) Name M/I Last (Family) Name

**NOTICE TO STUDENT:** Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded.

**Premium will not be refunded except for ineligibility or entrance into the armed forces.**  
**WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND /OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# AMERICAN COLLEGE STUDENT ASSOCIATION

High Option: 2010-2101-21 / Low Option: 2010-2101-22

CAMPUS/SCHOOL ATTENDING: \_\_\_\_\_

\*Please Print Name of College or University MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE PROCESSED.\*

I elect to purchase Injury and Sickness insurance coverage under the Association's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES

**High Option: 2010-2101-21**

**INSURED CATEGORY:**  ALL

Age 30 and Under <u>PERIOD CODES</u>	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011
<b>ID CODES</b>				
A Student	<input type="checkbox"/> \$1,150.00	<input type="checkbox"/> \$ 878.00	<input type="checkbox"/> \$ 586.00	<input type="checkbox"/> \$ 293.00
D Student & Spouse	<input type="checkbox"/> \$4,166.00	<input type="checkbox"/> \$3,184.00	<input type="checkbox"/> \$2,123.00	<input type="checkbox"/> \$1,062.00
E Student & All Children	<input type="checkbox"/> \$3,140.00	<input type="checkbox"/> \$2,399.00	<input type="checkbox"/> \$1,600.00	<input type="checkbox"/> \$ 800.00
F Student, Spouse & All Children	<input type="checkbox"/> \$6,156.00	<input type="checkbox"/> \$4,705.00	<input type="checkbox"/> \$3,137.00	<input type="checkbox"/> \$1,569.00
<b>Age 30-39 <u>PERIOD CODES</u></b>				
<b>ID CODES</b>				
G Student	<input type="checkbox"/> \$1,237.00	<input type="checkbox"/> \$ 945.00	<input type="checkbox"/> \$ 630.00	<input type="checkbox"/> \$ 315.00
J Student & Spouse	<input type="checkbox"/> \$4,495.00	<input type="checkbox"/> \$3,436.00	<input type="checkbox"/> \$2,291.00	<input type="checkbox"/> \$1,145.00
K Student & All Children	<input type="checkbox"/> \$3,227.00	<input type="checkbox"/> \$2,466.00	<input type="checkbox"/> \$1,644.00	<input type="checkbox"/> \$ 822.00
L Student, Spouse & All Children	<input type="checkbox"/> \$6,485.00	<input type="checkbox"/> \$4,957.00	<input type="checkbox"/> \$3,305.00	<input type="checkbox"/> \$1,652.00
<b>Age 40 and Older <u>PERIOD CODES</u></b>				
<b>ID CODES</b>				
M Student	<input type="checkbox"/> \$1,311.00	<input type="checkbox"/> \$1,002.00	<input type="checkbox"/> \$ 668.00	<input type="checkbox"/> \$ 334.00
P Student & Spouse	<input type="checkbox"/> \$4,767.00	<input type="checkbox"/> \$3,645.00	<input type="checkbox"/> \$2,430.00	<input type="checkbox"/> \$1,215.00
Q Student & All Children	<input type="checkbox"/> \$3,301.00	<input type="checkbox"/> \$2,523.00	<input type="checkbox"/> \$1,682.00	<input type="checkbox"/> \$ 841.00
R Student, Spouse & All Children	<input type="checkbox"/> \$6,757.00	<input type="checkbox"/> \$5,166.00	<input type="checkbox"/> \$3,444.00	<input type="checkbox"/> \$1,722.00

PLEASE CHECK ALL APPROPRIATE BOXES

**Low Option: 2010-2101-22**

**INSURED CATEGORY:**  ALL

Age 30 and Under <u>PERIOD CODES</u>	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011
<b>ID CODES</b>				
A Student	<input type="checkbox"/> \$ 817.00	<input type="checkbox"/> \$ 624.00	<input type="checkbox"/> \$ 416.00	<input type="checkbox"/> \$ 208.00
D Student & Spouse	<input type="checkbox"/> \$2,822.00	<input type="checkbox"/> \$2,156.00	<input type="checkbox"/> \$1,438.00	<input type="checkbox"/> \$ 719.00
E Student & All Children	<input type="checkbox"/> \$2,178.00	<input type="checkbox"/> \$1,664.00	<input type="checkbox"/> \$1,109.00	<input type="checkbox"/> \$ 555.00
F Student, Spouse & All Children	<input type="checkbox"/> \$4,183.00	<input type="checkbox"/> \$3,196.00	<input type="checkbox"/> \$2,131.00	<input type="checkbox"/> \$1,066.00
<b>Age 30-39 <u>PERIOD CODES</u></b>				
<b>ID CODES</b>				
G Student	<input type="checkbox"/> \$ 875.00	<input type="checkbox"/> \$ 668.00	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 223.00
J Student & Spouse	<input type="checkbox"/> \$3,033.00	<input type="checkbox"/> \$2,317.00	<input type="checkbox"/> \$1,545.00	<input type="checkbox"/> \$ 773.00
K Student & All Children	<input type="checkbox"/> \$2,236.00	<input type="checkbox"/> \$1,708.00	<input type="checkbox"/> \$1,138.00	<input type="checkbox"/> \$ 570.00
L Student, Spouse & All Children	<input type="checkbox"/> \$4,394.00	<input type="checkbox"/> \$3,357.00	<input type="checkbox"/> \$2,238.00	<input type="checkbox"/> \$1,120.00
<b>Age 40 and Older <u>PERIOD CODES</u></b>				
<b>ID CODES</b>				
M Student	<input type="checkbox"/> \$ 938.00	<input type="checkbox"/> \$ 716.00	<input type="checkbox"/> \$ 477.00	<input type="checkbox"/> \$ 239.00
P Student & Spouse	<input type="checkbox"/> \$3,261.00	<input type="checkbox"/> \$2,492.00	<input type="checkbox"/> \$1,661.00	<input type="checkbox"/> \$ 831.00
Q Student & All Children	<input type="checkbox"/> \$2,299.00	<input type="checkbox"/> \$1,756.00	<input type="checkbox"/> \$1,170.00	<input type="checkbox"/> \$ 586.00
R Student, Spouse & All Children	<input type="checkbox"/> \$4,622.00	<input type="checkbox"/> \$3,532.00	<input type="checkbox"/> \$2,354.00	<input type="checkbox"/> \$1,178.00

### EFFECTIVE AND TERMINATION DATES:

Coverage will become effective the date of receipt of this application and correct payment by the Insurance Company.

Annual coverage expires 1 year following receipt of your premium or October 31, 2011, whichever is earlier. Nine Months coverage expires 9 months following receipt of your premium or October 31, 2011, whichever is earlier. Semi-Annual coverage expires 6 months following receipt of your premium or October 31, 2011 whichever is earlier. Quarterly coverage expires 3 months following receipt of your premium or October 31, 2011 whichever is earlier.

**Please Note:** If application and correct premium are received after this requested effective date, your effective date will be the date application and correct premium are received. **Requested Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payment Instructions:** Make check or money order payable to UnitedHealthcare StudentResources in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium payment to UnitedHealthcare StudentResources, PO Box 809026, Dallas, TX 75380-9026 or if paying by credit card, fax this completed enrollment form to 469-229-5612. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

### CHARGE CARD AUTHORIZATION PAYMENT INFORMATION

CHARGE FULL AMOUNT \$ _____	<input type="checkbox"/> VISA or <input type="checkbox"/> MASTERCARD # _____	Expiration Date ____ - ____ Month Year
AUTHORIZED SIGNATURE _____	DATE _____	
<b>OR</b> PAID BY CHECK # _____		AMOUNT PAID \$ _____