

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS
PRINT USE BLACK INK

UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS



AMERICAN COLLEGE STUDENT ASSOCIATION

To enroll in this plan ONLINE, go to WWW.ACSA.COM

The Plan is available to residents of Massachusetts only.

2010-2101-41

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 U.S. 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.**

NOTICE: Any person who knowingly and with intent to injury, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

STUDENT'S SIGNATURE: _____ DATE: _____

ACSA

2010-2101-41

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CAMPUS LOCATION:

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 ACSA student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES				
<u>INSURED CATEGORY:</u>				
Age 30 and Under	Annual (A-)	Nine Months (Z9)	Semi-Annual (IX)	Quarterly (QX)
<u>PERIOD CODES</u>	Cannot Be Purchased After 10-31-2010	Cannot Be Purchased After 1-31-2011	Cannot Be Purchased After 4-30-2011	Cannot Be Purchased After 7-31-2011
<u>ID CODES</u>				
A Student	<input type="checkbox"/> \$1,309.00	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$ 667.00	<input type="checkbox"/> \$ 333.00
D Student & Spouse	<input type="checkbox"/> \$4,761.00	<input type="checkbox"/> \$3,640.00	<input type="checkbox"/> \$2,427.00	<input type="checkbox"/> \$1,213.00
E Student & All Children	<input type="checkbox"/> \$3,582.00	<input type="checkbox"/> \$2,738.00	<input type="checkbox"/> \$1,825.00	<input type="checkbox"/> \$ 912.00
F Student, Spouse & All Children	<input type="checkbox"/> \$7,034.00	<input type="checkbox"/> \$5,378.00	<input type="checkbox"/> \$3,585.00	<input type="checkbox"/> \$1,792.00
Age 30-39	Annual (A-)	Nine Months (Z9)	Semi-Annual (IX)	Quarterly (QX)
<u>PERIOD CODES</u>	Cannot Be Purchased After 10-31-2010	Cannot Be Purchased After 1-31-2011	Cannot Be Purchased After 4-30-2011	Cannot Be Purchased After 7-31-2011
<u>ID CODES</u>				
G Student	<input type="checkbox"/> \$1,409.00	<input type="checkbox"/> \$1,077.00	<input type="checkbox"/> \$ 718.00	<input type="checkbox"/> \$ 359.00
J Student & Spouse	<input type="checkbox"/> \$5,138.00	<input type="checkbox"/> \$3,928.00	<input type="checkbox"/> \$2,619.00	<input type="checkbox"/> \$1,309.00
K Student & All Children	<input type="checkbox"/> \$3,682.00	<input type="checkbox"/> \$2,815.00	<input type="checkbox"/> \$1,876.00	<input type="checkbox"/> \$ 938.00
L Student, Spouse & All Children	<input type="checkbox"/> \$7,411.00	<input type="checkbox"/> \$5,666.00	<input type="checkbox"/> \$3,777.00	<input type="checkbox"/> \$1,888.00
Age 40 and Older	Annual (A-)	Nine Months (Z9)	Semi-Annual (IX)	Quarterly (QX)
<u>PERIOD CODES</u>	Cannot Be Purchased After 10-31-2010	Cannot Be Purchased After 1-31-2011	Cannot Be Purchased After 4-30-2011	Cannot Be Purchased After 7-31-2011
<u>ID CODES</u>				
M Student	<input type="checkbox"/> \$1,493.00	<input type="checkbox"/> \$1,141.00	<input type="checkbox"/> \$ 761.00	<input type="checkbox"/> \$ 380.00
P Student & Spouse	<input type="checkbox"/> \$5,450.00	<input type="checkbox"/> \$4,167.00	<input type="checkbox"/> \$2,778.00	<input type="checkbox"/> \$1,389.00
Q Student & All Children	<input type="checkbox"/> \$3,766.00	<input type="checkbox"/> \$2,879.00	<input type="checkbox"/> \$1,919.00	<input type="checkbox"/> \$ 959.00
R Student, Spouse & All Children	<input type="checkbox"/> \$7,723.00	<input type="checkbox"/> \$5,905.00	<input type="checkbox"/> \$3,936.00	<input type="checkbox"/> \$1,968.00

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 _____	
OR PAID BY CHECK # _____	AMOUNT PAID \$ _____	

The Commonwealth of Massachusetts requires UnitedHealthcare Insurance Company] to request the following information about the Primary Insured. You may select a primary and secondary race, a primary and secondary ethnicity, and a primary language. If you choose not to supply this information, please select the box below.

I have read the request for information and choose not to supply a response

Primary Race (select one)

Secondary Race (select one)

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

[R1]	American Indian / Alaska Native
[R2]	Asian
[R3]	Black / African American
[R4]	Native Hawaiian or other Pacific Islander
[R5]	White
[R9]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

Are you Hispanic / Latino / Spanish:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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Primary Ethnicity (select one)

Secondary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
[CVERDN]	Cape Verdean
[CARIBI]	Caribbean Island
[2155-0]	Central American (not otherwise specified)
[2034-7]	Chinese
[2169-1]	Columbian
[2182-4]	Cuban
[2184-0]	Dominican
[EASTEU]	Eastern European
[2108-9]	European
[2036-2]	Filipino
[2157-6]	Guatemalan
[2071-9]	Haitian
[2158-4]	Honduran
[2039-6]	Japanese
[2040-4]	Korean
[2041-2]	Laotian
[2148-5]	Mexican, Mexican American, Chicano
[2118-8]	Middle Eastern
[PORTUG]	Portuguese
[2180-8]	Puerto Rican
[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
[2033-9]	Cambodian
[CVERDN]	Cape Verdean
[CARIBI]	Caribbean Island
[2155-0]	Central American (not otherwise specified)
[2034-7]	Chinese
[2169-1]	Columbian
[2182-4]	Cuban
[2184-0]	Dominican
[EASTEU]	Eastern European
[2108-9]	European
[2036-2]	Filipino
[2157-6]	Guatemalan
[2071-9]	Haitian
[2158-4]	Honduran
[2039-6]	Japanese
[2040-4]	Korean
[2041-2]	Laotian
[2148-5]	Mexican, Mexican American, Chicano
[2118-8]	Middle Eastern
[PORTUG]	Portuguese
[2180-8]	Puerto Rican
[RUSSIA]	Russian
[2161-8]	Salvadoran
[2165-9]	South American (not otherwise specified)
[2047-9]	Vietnamese
[OTHER]	Other (please enter) _____
[UNKNOW]	Unknown / Not Specified

Primary Language (select one)**2010-2101-41**

[799]	African Languages (please specify) _____
[777]	Arabic
[708]	Chinese (please specify) _____
[601]	Cape Verdean Creole
[600]	English
[620]	French
[607]	German
[637]	Greek
[623]	Haitian Creole
[778]	Hebrew
[663]	Hindi
[619]	Italian
[723]	Japanese

[724]	Korean
[656]	Persian
[645]	Polish
[629]	Portuguese
[639]	Russian
[625]	Spanish
[742]	Tagalog
[671]	Urdu
[728]	Vietnamese
[997]	Other Language (please specify) _____
[998]	Declined
[999]	Unavailable