

PLEASE COMPLETE THIS FORM IN BLOCK LETTER 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.

2010-2101-44

SOCIAL SECURITY # - - or SCHOOL ID# PRIMARY INSURED STUDENT NAME: Last (Family) Name

First (Given) Name Middle Initial

GENDER: Male Female DATE OF BIRTH: Month - Day - Year EXPECTED DATE OF GRADUATION: 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: Social Security Number Male Female Date of Birth: Month - Day - Year First (Given) Name M/I Last (Family) Name

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

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

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

CHILD: Social Security Number Male Female Date of Birth: 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

2010-2101-44

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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				
<b>INSURED CATEGORY: International</b>				
<b>Under Age 30</b> <u>PERIOD CODES</u>	<b>Annual (A-)</b> Cannot Be Purchased After 10-31-2010	<b>Nine Months (Z9)</b> Cannot Be Purchased After 1-31-2011	<b>Semi-Annual (IX)</b> Cannot Be Purchased After 4-30-2011	<b>Quarterly (QX)</b> Cannot Be Purchased After 7-31-2011
<u>ID CODES</u>				
A Student	<input type="checkbox"/> \$ 821.00	<input type="checkbox"/> \$ 627.00	<input type="checkbox"/> \$ 418.00	<input type="checkbox"/> \$ 209.00
D Student & Spouse	<input type="checkbox"/> \$2,938.00	<input type="checkbox"/> \$2,245.00	<input type="checkbox"/> \$1,497.00	<input type="checkbox"/> \$ 748.00
E Student & All Children	<input type="checkbox"/> \$2,747.00	<input type="checkbox"/> \$2,099.00	<input type="checkbox"/> \$1,399.00	<input type="checkbox"/> \$ 700.00
F Student, Spouse & All Children	<input type="checkbox"/> \$4,864.00	<input type="checkbox"/> \$3,717.00	<input type="checkbox"/> \$2,478.00	<input type="checkbox"/> \$1,239.00
<b>Age 30-39</b> <u>PERIOD CODES</u>	<b>Annual (A-)</b> Cannot Be Purchased After 10-31-2010	<b>Nine Months (Z9)</b> Cannot Be Purchased After 1-31-2011	<b>Semi-Annual (IX)</b> Cannot Be Purchased After 4-30-2011	<b>Quarterly (QX)</b> Cannot Be Purchased After 7-31-2011
<u>ID CODES</u>				
G Student	<input type="checkbox"/> \$1,107.00	<input type="checkbox"/> \$ 846.00	<input type="checkbox"/> \$ 564.00	<input type="checkbox"/> \$ 282.00
J Student & Spouse	<input type="checkbox"/> \$4,309.00	<input type="checkbox"/> \$3,294.00	<input type="checkbox"/> \$2,196.00	<input type="checkbox"/> \$1,098.00
K Student & All Children	<input type="checkbox"/> \$3,033.00	<input type="checkbox"/> \$2,318.00	<input type="checkbox"/> \$1,545.00	<input type="checkbox"/> \$ 773.00
L Student, Spouse & All Children	<input type="checkbox"/> \$6,235.00	<input type="checkbox"/> \$4,766.00	<input type="checkbox"/> \$3,177.00	<input type="checkbox"/> \$1,589.00
<b>Age 40 and Older</b> <u>PERIOD CODES</u>	<b>Annual (A-)</b> Cannot Be Purchased After 10-31-2010	<b>Nine Months (Z9)</b> Cannot Be Purchased After 1-31-2011	<b>Semi-Annual (IX)</b> Cannot Be Purchased After 4-30-2011	<b>Quarterly (QX)</b> Cannot Be Purchased After 7-31-2011
<u>ID CODES</u>				
M Student	<input type="checkbox"/> \$2,062.00	<input type="checkbox"/> \$1,576.00	<input type="checkbox"/> \$1,051.00	<input type="checkbox"/> \$ 525.00
P Student & Spouse	<input type="checkbox"/> \$7,590.00	<input type="checkbox"/> \$5,804.00	<input type="checkbox"/> \$3,869.00	<input type="checkbox"/> \$1,934.00
Q Student & All Children	<input type="checkbox"/> \$3,988.00	<input type="checkbox"/> \$3,048.00	<input type="checkbox"/> \$2,032.00	<input type="checkbox"/> \$1,016.00
R Student, Spouse & All Children	<input type="checkbox"/> \$9,516.00	<input type="checkbox"/> \$7,276.00	<input type="checkbox"/> \$4,850.00	<input type="checkbox"/> \$2,425.00

### 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 \$ \_\_\_\_\_  VISA or  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
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EASTEU	Eastern European
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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)****2010-2101-44**

[799]	African Languages (please specify) _____
[777]	Arabic
[708]	Chinese (please specify) _____
[601]	Cape Verdean Creole
[600]	English
[620]	<b>French</b>
[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]	<b>Spanish</b>
[742]	Tagalog
[671]	Urdu
[728]	Vietnamese
[997]	Other Language (please specify) _____
[998]	Declined
[999]	Unavailable