

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.

2011-2101-44

SOCIAL SECURITY # _____ or SCHOOL ID# _____
PRIMARY INSURED STUDENT NAME: _____
Last (Family) Name
First (Given) Name Middle Initial

GENDER: [] Male [] Female DATE OF BIRTH: _____ 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

2011-2101-44

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CAMPUS LOCATION: _____

CAMPUS/SCHOOL ATTENDING: _____

Please Print Name of College. 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 | | | | |
|--|--------------------------------------|---|---|---|
| INSURED CATEGORY: International | | | | |
| Under Age 30 | Annual (A-) | Nine Months (Z9) Cannot Be Purchased After 11-01-2011 | Semi-Annual (IX) Cannot Be Purchased After 02-01-2012 | Quarterly (QX) Cannot Be Purchased After 05-01-2012 |
| PERIOD CODES | | | | |
| ID CODES | | | | |
| A Student | <input type="checkbox"/> \$1,212.00 | <input type="checkbox"/> \$ 945.00 | <input type="checkbox"/> \$ 618.00 | <input type="checkbox"/> \$ 309.00 |
| D Student & Spouse | <input type="checkbox"/> \$4,406.00 | <input type="checkbox"/> \$3,438.00 | <input type="checkbox"/> \$2,247.00 | <input type="checkbox"/> \$1,123.00 |
| E Student & All Children | <input type="checkbox"/> \$4,114.00 | <input type="checkbox"/> \$3,204.00 | <input type="checkbox"/> \$2,098.00 | <input type="checkbox"/> \$1,049.00 |
| F Student, Spouse & All Children | <input type="checkbox"/> \$7,308.00 | <input type="checkbox"/> \$5,697.00 | <input type="checkbox"/> \$3,727.00 | <input type="checkbox"/> \$1,863.00 |
| Age 30-39 | | | | |
| PERIOD CODES | | | | |
| ID CODES | | | | |
| G Student | <input type="checkbox"/> \$1,649.00 | <input type="checkbox"/> \$1,287.00 | <input type="checkbox"/> \$ 841.00 | <input type="checkbox"/> \$ 420.00 |
| J Student & Spouse | <input type="checkbox"/> \$6,504.00 | <input type="checkbox"/> \$5,076.00 | <input type="checkbox"/> \$3,317.00 | <input type="checkbox"/> \$1,658.00 |
| K Student & All Children | <input type="checkbox"/> \$4,551.00 | <input type="checkbox"/> \$3,546.00 | <input type="checkbox"/> \$2,321.00 | <input type="checkbox"/> \$1,160.00 |
| L Student, Spouse & All Children | <input type="checkbox"/> \$9,406.00 | <input type="checkbox"/> \$7,335.00 | <input type="checkbox"/> \$4,797.00 | <input type="checkbox"/> \$2,398.00 |
| Age 40 and Older | | | | |
| PERIOD CODES | | | | |
| ID CODES | | | | |
| M Student | <input type="checkbox"/> \$ 3,110.00 | <input type="checkbox"/> \$ 2,421.00 | <input type="checkbox"/> \$1,586.00 | <input type="checkbox"/> \$ 793.00 |
| P Student & Spouse | <input type="checkbox"/> \$11,523.00 | <input type="checkbox"/> \$ 8,982.00 | <input type="checkbox"/> \$5,877.00 | <input type="checkbox"/> \$2,938.00 |
| Q Student & All Children | <input type="checkbox"/> \$ 6,012.00 | <input type="checkbox"/> \$ 4,680.00 | <input type="checkbox"/> \$3,066.00 | <input type="checkbox"/> \$1,533.00 |
| R Student, Spouse & All Children | <input type="checkbox"/> \$14,425.00 | <input type="checkbox"/> \$11,241.00 | <input type="checkbox"/> \$7,357.00 | <input type="checkbox"/> \$3,678.00 |

EFFECTIVE AND TERMINATION DATES:

Coverage will become effective on the date the authorized representative receives the application and correct premium payment.

Annual coverage expires 1 year following receipt of your premium or July 31, 2012, whichever is earlier. Nine-month coverage expires 9 months following receipt of your premium or July 31, 2012 whichever is earlier. Semi-Annual coverage expires 6 months following receipt of your premium or July 31, 2012, whichever is earlier. Quarterly coverage expires 3 months following receipt of your premium or July 31, 2012, 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** name of authorized representative in US dollars. Mail this enrollment card along with premium payment to:
 UnitedHealthcare **StudentResources**
 PO Box 809026
 Dallas, TX 75380-9026.

Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

To enroll online: If you would like to use a credit card to enroll, please go to <https://www.uhcsr.com/acsa> and select the Enroll Now link to enroll online.

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 |
|--------------------------------------|------------------------------|-----------------------------|----------------------------------|

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 |
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| 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)**2011-2101-44**

| | |
|-------|--|
| [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 |
| | |