PROCESSOR STAMP DATE RECEIVED HERE

PLEASE COMPLETE THIS FORM IN BLOCK LETTER PRINT USE BLACK INK

UNITEDHEATLHCARE INSURANCE COMPANY

ENROLLMENT FORM FOR STUDENTS AND DEPENDENTS

MEREDITH COLLEGE

2009-933-3

SOCIAL SECURITY # (Last 4 Digits) ______ or SCHOOL ID# _______________

PRIMARY INSURED STUDENT NAME: ____________________
Last (Family) Name

____
First (Given) Name Middle Initial

GENDER: ❑ Male ❑ Female (Check one) DATE OF BIRTH: _______ - _____ - _______ (Month Day Year) EXPECTED DATE OF GRADUATION: _______ - ______ (Month Year)

PERMANENT [U.S.] ADDRESS: ____________________
House/Building Number and Street Name

Apt. or P.O. Box # or Rural Route | City | County | State | ZIP Code

MAILING 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 (Check One) Date of Birth :____-____-____ (Month Day Year)

First (Given) Name M/I Last (Family) Name

CHILD: ____-____-____ (Social Security Number) ❑ Male ❑ Female (Check One) Date of Birth :____-____-____ (Month Day Year)

First (Given) Name M/I Last (Family) Name

CHILD: ____-____-____ (Social Security Number) ❑ Male ❑ Female (Check One) Date of Birth :____-____-____ (Month Day Year)

First (Given) Name M/I Last (Family) Name

CHILD: ____-____-____ (Social Security Number) ❑ Male ❑ Female (Check One) Date of Birth :____-____-____ (Month Day Year)

First (Given) Name M/I Last (Family) Name

CHILD: ____-____-____ (Social Security Number) ❑ Male ❑ Female (Check One) 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**.

STUDENT'S SIGNATURE: ____________________ DATE: ____________________

06-NRL

MEREDITH COLLEGE 2009-933-3

CAMPUS/SCHOOL ATTENDING: MEREDITH COLLEGE

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

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: ALL

BASIC				
PERIOD CODES		Annual (A-)	Fall (F-)	Spring / Summer (J-)
ID CODES				
A	Student	❑ $ 845.00	❑ $ 361.00	❑ $ 501.00
B	Spouse	❑ $ 1,822.00	❑ $ 779.00	❑ $ 1,079.00
C	Each Child	❑ $ 1,164.00	❑ $ 498.00	❑ $ 690.00

EFFECTIVE / EXPIRATION PERIODS:

Annual	❑ 08-01-2009 to 07-31-2010
Fall	❑ 08-01-2009 to 12-31-2009
Spring / Summer	❑ 01-01-2010 to 07-31-2010

Payment Instructions: Make check or money order payable to UnitedHealthcare **Student**Resources 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 **Student**Resources, PO Box 809026, Dallas TX 75380-9026. 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** $________________