Underwritten by: UnitedHealthCare Student Resources

Western Washington University

STUDENT & DEPENDENT ENROLLMENT FORM

2019-2020 GRAD/UNDERGRAD STUDENT HEALTH INSURANCE ENROLLMENT FORM

STUDENT'S NAME	LAST / SURNAME	
	FIRST NAME	MIDDLE INITIAL
STUDENT I.D. #		DATE OF BIRTH (Month, Day, Year)
U.S. MAILING ADDRESS (Use school address if none)	STREET	APARTMENT #
CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS (REQUIRED)	
Please check appropriate box: ❑ FEMALE ❑ MALE	**Please check appropriate box:** ❑ SINGLE ❑ MARRIED	
VISA TYPE *(if applicable: F-1, J-1, etc.)*	HOME COUNTRY: *(if applicable)*	

PLEASE LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO ENROLLED IN THE SCHOOL PLAN.
(Dependents must be enrolled on the date the student is enrolled or within 31 days of date of birth, marriage, or arrival in U.S.)

LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
SPOUSE/DOMESTIC PARTNER:			❑ Female ❑ Male	
CHILD:			❑ Female ❑ Male	
CHILD:			❑ Female ❑ Male	
CHILD:			❑ Female ❑ Male	
CHILD:			❑ Female ❑ Male	

IMPORTANT CONTACTS

Benefits, claims, and coverage questions:	**To find a doctor or health care provider:**	**Eligibility and enrollment questions:**
UnitedHealthCare Student Resources **1-800-767-0700** 8:00am - 5:00pm PST *uhcsr.com*	*uhcsr.com*	elizabeth.newberry@ahpcare.com

PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION. YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.

PAYMENT IN FULL IS REQUIRED FOR THE TERM PURCHASED

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PLAN COSTS	
	SUMMER 6/23/20 - 8/31/20
Enrollment Deadline	**7/26/20**
Student	❑ $507.27

Spouse	❑ $507.27
One Child (Age 0-25)	❑ $507.27
Two or More Children (Age 0-25)	❑ $1,014.55

Dependent enrollment in this plan is voluntary. Dependent coverage is in addition to student coverage and must enroll in the same term as Student.

Notification of expiration of coverage will not be sent.

Coverage start dates begin at 12:01am, end dates end at 11:59pm, local time, at the Policyholder's address.
Rates include premium payable to United HealthCare Student Resources, as well as administrative fees payable to Academic HealthPlans.

PAYMENT METHOD (Remit in US Funds Only)
NOTE: If we are unable to process your payment (due to insufficient funds, closure of account, etc.), you and/or your dependents' insurance coverage will be terminated retroactive to the effective date of the enrolled term and you will be responsible for any claims that you've incurred.
❑ **Check/Money Order –** MAKE CHECKS PAYABLE TO: Academic HealthPlans

Mail enrollment form and payment to:
Academic HealthPlan 3500 William D. Tate Ave, Suite 200, Grapevine, TX 76051 • elizabeth.newberry@ahpcare.com

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.

YOU MUST COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

SIGNATURE OF STUDENT ____ DATE _________________________________

Academic HealthPlans PRIVACY INFORMATION
We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy by visiting us at *ahpcare.com/privacy*.