UNITEDHEALTHCARE INSURANCE COMPANY
ENROLLMENT FORM FOR STUDENTS

METROPOLITAN STATE UNIVERSITY OF DENVER
GRADUATE STUDENTS

2023-461-1/4

PRIMARY INSURED Complete information below for Student.		
LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: ❑ MALE ❑ FEMALE ❑ U	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR	SCHOOL ID #:
PERMANENT ADDRESS: (HOUSE/BUILDING # AND STREET NAME)		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:	EMAIL ADDRESS:	

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) The student has carefully read the Certificate of Coverage and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated other than as listed on this enrollment form; 3) The student meets the eligibility requirements for this coverage as described in the Certificate of Coverage; 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: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

STUDENT'S SIGNATURE: _____   DATE: _____

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

PLEASE CHECK ONE CATEGORY AND ONE SEMESTER ONLY

<u>**INSURED CATEGORY:**</u> ❑ Domestic Graduate ❑ International Graduate

<u>**PERIOD CODES**</u>	<u>**Fall (F-)**</u>	<u>**Spring/Summer (J-)**</u>	<u>**Summer (S-)**</u>
<u>**ID CODES**</u>			
1 Student	❑ $1,185	❑ $1,659	❑ $705

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

PLEASE CHECK THE APPROPRIATE BOX

EFFECTIVE / EXPIRATION PERIODS:

❑ Fall	08/21/2023 through 01/15/2024	Enrollment Deadline 09/06/2023
❑ Spring/Summer	01/16/2024 through 08/18/2024	Enrollment Deadline 02/01/2024
❑ Summer	05/28/2024 through 08/18/2024	Enrollment Deadline 06/18/2024

Payment Instructions: Payment can be made by check or credit card authorization. Make check payable to "ECI" in US dollars, or to pay by credit card refer to the "Charge Card Authorization Payment Information" section below. You may either scan your check or complete the credit card authorization to <u>**email**</u> **along with the completed form to info@eciservices.com** or <u>**fax to 720-420-1878**</u>. If you have any questions, please call ECI at 1-866-780-3824. Your cancelled check or credit card billing is your only receipt and notification of coverage.

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION – PLEASE SPECIFY IF DEBIT CARD ❑ YES ❑ NO

CHARGE FULL ❑ VISA ❑ MASTERCARD ❑ DISCOVER ❑ AMERICAN EXPRESS Expiration Date

AMOUNT $ _____ _____ _____ _____ – _____
Credit Card # CVV Code Month Year

❑ BILLING ADDRESS (select only if different from your mailing address):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZED SIGNATURE _____ _____ DATE _____
Print Name

OR PAID BY CHECK # _____ AMOUNT PAID $ _____

Metro Received Date: _____ Verified Graduate Status and 6-8 Credit Hours: _____

Metro Student Insurance Office Initials: _____

The State of Colorado 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)

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

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) _____
[UNKNOWN]	Unknown / Not Specified

Are you Hispanic / Latino / Spanish: ❏ Yes ❏ No ❏ Unknown

Primary 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) _____
[UNKNOWN]	Unknown / Not Specified

Secondary Ethnicity (select one)

[2060-2]	African
[2058-6]	African American
[AMERCN]	American
[2028-9]	Asian
[2029-7]	Asian Indian
[BRAZIL]	Brazilian
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[2047-9]	Vietnamese
[OTHER]	Other (please enter) _____
[UNKNOWN]	Unknown / Not Specified

Primary Language (select one)

[799]	African Languages (please specify) _____
[777]	Arabic
[708]	Chinese (please specify) _____
[601]	Cape Verdean Creole
[600]	English
[620]	French
[607]	German
[637]	Greek
[623]	Hatian 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