

UNITEDHEALTHCARE INSURANCE COMPANY
OPTIONAL INTERCOLLEGIATE SPORTS ELECTION FORM FOR DOMESTIC STUDENTS
MINNESOTA COMMUNITY & TECHNICAL COLLEGES

PROCESSOR STAMP DATE RECEIVED HERE

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2011-1251-1

PRIMARY INSURED Complete information below for Student.			
SOCIAL SECURITY #:		OR STUDENT ID #:	
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	EXPECTED DATE OF GRADUATION: _____ / _____ MONTH / YEAR	
PERMANENT U.S. ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
MAILING ADDRESS - House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	

DEPENDENT INFORMATION: Complete information below for Dependents to be insured. Dependent coverage is only available for Students insured under the Plan (Please include a blank sheet for additional Dependents).

SPOUSE SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name		Middle Initial:	Last (Family) Name:
CHILD SOCIAL SECURITY #:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR	
First (Given) Name		Middle Initial:	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. A student who requests to cancel coverage under the Policy will receive a refund of unearned premiums as of the time of cancellation if the unearned premium is for a period of more than one month. The return of unearned premium will be delivered to the insured within 30 days following the receipt of the insured's request for cancellation.

NOTICE: Any person who knowingly and with intent to injure, 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: _____

MINNESOTA COMMUNITY & TECHNICAL COLLEGES

2011-1251-1

CAMPUS LOCATION:

- Alexandria Tech College
- Anoka Technical College
- Anoka-Ramsey Community College Cambridge Campus
- Anoka-Ramsey Community College Coon Rapids Campus
- Central Lakes College Brainerd Campus
- Central Lakes College Staples Campus
- Century College
- Dakota County Tech College
- Fond du Lac Tribal and Community College
- Hennepin Tech College Brooklyn Park Campus
- Hennepin Tech College Eden Prairie Campus
- Hibbing Community College
- Inver Hills Community College
- Itasca Community College
- Lake Superior College
- Mesabi Range Comm&Tech College Eveleth MN
- Mesabi Range Comm&Tech College Virginia MN
- Minneapolis Community and Tech College
- Minnesota State College - Southeast Tech Red Wing Campus
- Minnesota State Community and Technical College, Detroit Lakes
- Minnesota State Community and Technical College Fergus Falls
- Minnesota State Community and Technical College, Moorhead
- Minnesota State Community and Technical College, Wadena
- Minnesota State College - Southeast Tech Winona Campus
- Minnesota West Community & Tech College Canby Campus
- Minnesota West Community & Tech College Granite Falls Campus
- Minnesota West Community & Tech College Jackson Campus
- Minnesota West Community & Tech College Pipestone Campus
- Minnesota West Community & Tech College Worthington Campus
- Normandale Community College
- North Hennepin Community College
- Northland Community and Tech College Thief River Falls
- Northland Community and Technical College, East Grand Forks
- Northwest Tech College Bemidji Campus
- Pine Tech College
- Rainy River Community College
- Ridgewater College Hutchinson Campus
- Ridgewater College Willmar Campus
- Riverland Community College Albert Lea Campus
- Riverland Community College Austin Campus
- Riverland Community College Owatonna Campus
- Rochester Community and Tech College
- Saint Paul College - A Community & Technical College
- South Central Tech College Faribault Campus
- South Central Tech College Mankato Campus
- St. Cloud Technical College
- Vermilion Community College
- Other (Print Name of Campus) _____

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

PLEASE CHECK ALL APPROPRIATE BOXES	IC SPORTS																
Optional Intercollegiate Sports coverage is available to Students only and may only be purchased simultaneously and in conjunction with the purchase of basic coverage at the time of initial enrollment in the Plan.																	
INSURED CATEGORY: <input type="checkbox"/> Domestic																	
HIGH RISK - (Football, Hockey, Lacrosse, Soccer, Rodeo, Rugby, Baseball and Basketball)																	
PERIOD CODES																	
ID CODES	<table style="width: 100%; border: none;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">Annual (A-)</td> <td style="width: 12.5%;">Fall (F-)</td> <td style="width: 12.5%;">Spring (G-)</td> <td style="width: 12.5%;">Spring/ Summer (J-)</td> <td style="width: 12.5%;">Summer 1(S1)</td> <td style="width: 12.5%;">Summer 2 (S2)</td> <td style="width: 12.5%;">Third Summer (R-)</td> </tr> <tr> <td>G Student</td> <td><input type="checkbox"/> \$ 508.00</td> <td><input type="checkbox"/> \$ 195.00</td> <td><input type="checkbox"/> \$ 196.00</td> <td><input type="checkbox"/> \$ 314.00</td> <td><input type="checkbox"/> \$ 118.00</td> <td><input type="checkbox"/> \$ 90.00</td> <td><input type="checkbox"/> \$ 71.00</td> </tr> </table>		Annual (A-)	Fall (F-)	Spring (G-)	Spring/ Summer (J-)	Summer 1(S1)	Summer 2 (S2)	Third Summer (R-)	G Student	<input type="checkbox"/> \$ 508.00	<input type="checkbox"/> \$ 195.00	<input type="checkbox"/> \$ 196.00	<input type="checkbox"/> \$ 314.00	<input type="checkbox"/> \$ 118.00	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> \$ 71.00
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LOW RISK - (Softball, Volleyball, Cheerleading, Golf, Tennis, Rifle, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Gymnastics, Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew and Bowling)																	
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PLEASE CHECK ALL APPROPRIATE BOXES	EFFECTIVE / EXPIRATION PERIODS:
Annual	<input type="checkbox"/> 08-22-2011 to 08-21-2012
Fall	<input type="checkbox"/> 08-22-2011 to 01-08-2012
Spring	<input type="checkbox"/> 01-09-2012 to 05-28-2012
Spring / Summer	<input type="checkbox"/> 01-09-2012 to 08-21-2012
Summer 1	<input type="checkbox"/> 05-29-2012 to 08-21-2012
Summer 2	<input type="checkbox"/> 06-18-2012 to 08-21-2012
Third Summer	<input type="checkbox"/> 07-02-2012 to 08-21-2012

Payment Instructions: Make check or money order payable to UnitedHealthcare **Student**Resources in US dollars. 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. 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 www.uhcsr.com/mnscu, and use the Find My School's Plan link to search for your school. Select your school name from the search results to go to your school's page, and then select the Enroll Now link to enroll online.
Please note that this coverage can only be purchased online when purchasing Basic coverage at the same time.