

**PLEASE COMPLETE  
THIS FORM IN BLOCK  
LETTER PRINT  
USE BLACK INK**

**UNITEDHEALTHCARE INSURANCE COMPANY  
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS**

**TO ENROLL IN THIS PLAN ONLINE,  
GO TO WWW.UHCSR.COM**

**CAREER EDUCATION CORPORATION**

**2010-201454-1**

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **or** SCHOOL ID# \_\_\_\_\_  
 PRIMARY INSURED STUDENT NAME: \_\_\_\_\_

Last (Family) Name

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First (Given) Name Middle Initial

GENDER:  Male  Female Check one DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_ - \_\_\_\_\_  
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 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.**

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CAMPUS LOCATIONS:**

- American InterContinental University - Atlanta, GA
- American InterContinental University - Houston, TX
- American InterContinental University - South Florida Campus, FL
- Brooks Institute of Photography - Santa Barbara, CA
- Brooks Institute of Photography - Ventura, CA
- Brown College - Mendota Heights, MN
- Brown College - Brooklyn Center, MN
- California Culinary Academy (CCA) - San Francisco, CA
- Collins College - Phoenix, AZ
- Colorado Technical University - Colorado Springs, CO
- Colorado Technical University - Denver, Greenwood Village, CO
- Colorado Technical University - Denver North, Westminster, CO
- Colorado Technical University - North Kansas City, MO
- Colorado Technical University - Pueblo, CO
- Colorado Technical University - Sioux Falls, SD
- Gibbs College - Farmington, CT
- Harrington College of Design - Chicago, IL
- International Academy of Design & Technology - Chicago, IL
- International Academy of Design & Technology - Detroit, MI
- International Academy of Design & Technology - Las Vegas, NV
- International Academy of Design & Technology - Nashville, TN
- International Academy of Design & Technology - Orlando, FL
- International Academy of Design & Technology - Sacramento, CA
- International Academy of Design & Technology - San Antonio, TX
- International Academy of Design & Technology - Schaumburg, IL
- International Academy of Design & Technology - Tampa, FL
- Le Cordon Bleu College of Culinary Arts - Atlanta, GA
- Le Cordon Bleu College of Culinary Arts - Austin, TX
- Le Cordon Bleu College of Culinary Arts - Chicago, IL
- Le Cordon Bleu College of Culinary Arts - Las Vegas, NV
- Le Cordon Bleu College of Culinary Arts - Los Angeles, CA
- Le Cordon Bleu College of Culinary Arts - Miami, FL
- Le Cordon Bleu College of Culinary Arts - Minneapolis/St. Paul, MN
- Le Cordon Bleu College of Culinary Arts - Orlando, FL
- Le Cordon Bleu College of Culinary Arts - Pittsburgh, PA
- Le Cordon Bleu College of Culinary Arts - Portland, OR
- Le Cordon Bleu College of Culinary Arts - Sacramento, CA
- Le Cordon Bleu College of Culinary Arts - St. Louis, MO
- Le Cordon Bleu College of Culinary Arts - Scottsdale, AZ
- Le Cordon Bleu Institute of Culinary Arts - Dallas, TX
- Missouri College - St. Louis, MO
- Sanford-Brown College - Atlanta, GA
- Sanford-Brown College - Cleveland, OH
- Sanford-Brown College - Collinsville, IL
- Sanford-Brown College - Dallas, TX
- Sanford-Brown College - Fenton, MO
- Sanford-Brown College - Hazelwood, MO
- Sanford-Brown College - Hillside, IL
- Sanford-Brown College - Houston, TX
- Sanford-Brown College - Indianapolis, IN
- Sanford-Brown College - Milwaukee, WI
- Sanford-Brown College - Phoenix, AZ
- Sanford-Brown College - San Antonio, TX
- Sanford-Brown College - St. Peters, MO
- Sanford-Brown College - Skokie, IL
- Sanford-Brown College - Tinley Park, IL
- Sanford-Brown College - Vienna, VA
- Sanford-Brown Institute - Cranston, RI
- Sanford-Brown Institute - Dearborn, MI
- Sanford-Brown Institute - Ft. Lauderdale, FL
- Sanford-Brown Institute - Grand Rapids, MI
- Sanford-Brown Institute - Iselin, NJ
- Sanford-Brown Institute - Jacksonville, FL
- Sanford-Brown Institute - Landover, MD
- Sanford-Brown Institute - Monroeville, PA
- Sanford-Brown Institute - Northloop, TX
- Sanford-Brown Institute - Orlando, FL
- Sanford-Brown Institute - Pittsburgh, PA
- Sanford-Brown Institute - Tampa, FL
- Sanford-Brown Institute - Trevese, PA

**CAMPUS/SCHOOL ATTENDING:** \_\_\_\_\_

**\*Please print name of College or University MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE PROCESSED.\***

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

**PLEASE CHECK ALL APPROPRIATE BOXES**

**INSURED CATEGORY:**

<u>PERIOD CODES</u>	Annual (A) Cannot Be Purchased After 10/31/2010	Quarterly (QX) Cannot Be Purchased After 07/31/2011
<b>ID CODES</b>		
A. Student	<input type="checkbox"/> \$1,022.00	<input type="checkbox"/> \$ 261.00
B. Spouse	<input type="checkbox"/> \$2,809.00	<input type="checkbox"/> \$ 716.00
C. All Children	<input type="checkbox"/> \$2,182.00	<input type="checkbox"/> \$ 556.00

**EFFECTIVE AND TERMINATION DATES:**

Coverage will become effective the date of receipt of this application and correct payment by the Insurance Company. Annual coverage expires 1 year following receipt of your premium or **October 31, 2011**, whichever is earlier. Quarterly coverage expires 3 months following receipt of your premium or **October 31, 2011**, whichever is earlier.

**Requested Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **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.

**PAYMENT INSTRUCTIONS:** Buy insurance online at [www.uhcsr.com](http://www.uhcsr.com) or make check or money order payable to to UnitedHealthcare **StudentResources** 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 **StudentResources**, 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 \_\_\_\_\_  
 AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
**OR** PAID BY CHECK # \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_