UNITEDHEALTHCARE INSURANCE COMPANY CONTINUATION ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

	UNIVERSITY (OF UTAH			2023-2310-1
PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.					
LAST (FAMILY) NAME:	FIRST (GIVEN) N	AME:			MIDDLE INITIAL:
	DATE OF BIRTH:		SCH	IOOL IE	D #:
□ MALE □ FEMALE (MONTH/DAY/YEAR)				
PERMANENT U.S. ADDRESS: (HOUSE/BUILD	ING # AND STREET N	AME)			
CITY:		STATE:		, סוד	CODE:
		STATE:		ZIP	JODE:
TELEPHONE #:		EMAIL ADDRE	SS:		
Dependent Information					
Complete information below for dependents	s to be insured. Den	endent coverad	e is only av	vailable	for students insured under
the Plan (Please include a blank sheet for a					
SPOUSE :	GENDER:	/-	DATE OF BIRTH:		
	□ MALE □ FE	MALE	(MONTH/D	AY/YE	AR)
First (Given) Name:	Middle Initial:		Last (Fam	ily) Na	me:
CHILD :	GENDER:		DATE OF E		
	□ MALE □ FE	MALE	(MONTH/D	AY/YE	AR)
First (Given) Name:	Middle Initial:		Last (Fam	ily) Na	me:
CHILD:	GENDER:		DATE OF E		
	□ MALE □ FE	MALE	(MONTH/D		
First (Given) Name:	Middle Initial:		Last (Fam	ily) Na	me:
CHILD:	GENDER:		DATE OF E		
	□ MALE □ FE	MALE	(MONTH/D		•
First (Given) Name:	Middle Initial:		Last (Fam	ily) Na	me:
CHILD :	GENDER:		DATE OF E		
	□ MALE □ FE	MALE	(MONTH/D		•
First (Given) Name:	Middle Initial:		Last (Fam	ily) Na	me:

NOTICE TO STUDENT: Coverage will be effective immediately following the expiration of the regular student plan and must be purchased within 30 days after the expiration date of your student coverage. If premium is not received within 30 days, the premium will be refunded. 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: 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:_____

Campus Location: UNIVERSITY OF UTAH

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

Eligibility: All Insured Persons who have been continuously insured under the school's regular student policy for at least 3 consecutive months and who no longer meet the eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than 6 months under the school's policy in effect. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

PLEASE CHECK ALL APPROPRIATE BOXES.

IN	ISURED CATEGORY:		Continuation
Peri	iod Codes		Monthly (MX) (6 months maximum)
ID (Codes		(
6	Student	l	□ \$ 226.00
7	Spouse	l	□ \$ 225.00
8	One Child		□ \$ 225.00
9	Two or more Children		□ \$ 450.00
10	Spouse + two or more Children		□ \$ 675.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

EFFECTIVE/EXPIRATION PERIODS:

Annual 7/15/2023 to 8/15/2024

TO CALCULATE YOUR RATE:					
Rate x # of months eligible = amount due	Example: \$226.00 x 3 months = 678.00				
CALCULATION FOR MONTHLY PREMIUM:	CALCULATION FOR MONTHLY PREMIUM:				
Monthly premium: \$ Multiply by # of months: Total premium enclosed: \$	_				

*PLEASE NOTE: The Continuation Privilege will allow you to purchase up to a maximum of 6 months, but not longer than the current Policy Year. Incorrect payment amounts will be returned and no coverage will be in effect.

If the student is still eligible for continuation at the beginning of the next Policy Year, the student must purchase any remaining months of coverage (6 months of coverage less any months of coverage in the previous Policy Year) under the new policy as chosen by the school.

Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year. Incorrect payment amounts will be returned and no coverage will be in effect. Coverage is effective immediately following the expiration under the previous continuation plan and must be purchased within 30 days after the expiration date of your previous continuation coverage. If premium is not received within 30 days, the premium will be refunded.

Payment Instructions: Make check or money order payable to UnitedHealthcare Student Resources. Mail this enrollment form 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.

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The State of Utah 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.

 \Box I have read the request for information and choose not to supply a response.

Prir	nary Race (sele	ct one)	Secondary Race (select one)		elect one)
	R1	American Indian / Alaska Native		R1	American Indian / Alaska Native
	R2	Asian		R2	Asian
	R3	Black / African American		R3	Black / African American
	R4	Native Hawaiian or other Pacific Islander		R4	Native Hawaiian or other Pacific Islander
	R5	White		R5	White
	R9	Other (please enter)		R9	Other (please enter)
	UNKNOWN	Unknown / Not Specified		UNKNOWN	Unknown / Not Specified

Are you Hispanic/Latino/Spanish:

□ Yes

🗆 No

🗆 Unknown

Prin	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			
L	•				

Sec	ondary 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

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Prin	Primary Ethnicity (select one)				
	2165-9	South American (not otherwise specified)			
	2047-9	Vietnamese			
	OTHER	Other (please specify)			
	UNKNOWN	Unknown / Not Specified			

Sec	Secondary Ethnicity (select one)				
	2165-9	South American (not otherwise specified)			
	2047-9	Vietnamese			
	OTHER	Other (please specify)			
	UNKNOWN	Unknown / Not Specified			

Prin	nary Lan	guage (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	Haitian 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 (please specify)
998	Declined
999	Unavailable

NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator United HealthCare Civil Rights Grievance P.O. Box 30608 Salt Lake City, UTAH 84130 UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

የቋንቋ አርዳታ አንልግሎቶች በነጻ ይንኛሉ። እባከዎ ወደ 1-866-260-2723 ይደውሉ።

Arabic

تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 2723-260-1-866.

Armenian

Ձեզ մատչելի են անվճար լեզվական օգնության ծառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দমা করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ်ပါ။

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។

សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

\$ሚኬቆመብ ወፀሀመ\$ጓብ ወፀሆምET ኬቆ RG®ውTመሀብጓT ከሀይፍር**ፅ**ዎው D4(ወፐ. ዞፍ(ወ) Dh ወይ₩**ፅን**\$ 1-866-260-2723.

Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla h<u>o</u> chi apela hinla. I paya 1-866-260-2723.

Cushite-Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole- Haitian Creole

Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati

ભાષા સહ્યય સેવાઓ તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. કૃપા કરીને

1-866-260-2723 પર કૉલ કરો.

Hawaiian

Kōkua manuahi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

Hindi

आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया

1-866-260-2723 पर कॉल करें।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanese

無料の言語支援サービスをご利用いただけます。 1-866-260-2723 までお電話ください。

Karen

ကိုာ်တာ်မာစားအင်္ဂါနမၤနှင်္ဂအီးသဲ့ဝဲလာတလိဉ်ဟ္ဉာ်အဖူးဘဉ်(စီလီ)နှဉ်လီး. ဝံသးစူးဆဲးကိုးဘဉ်1-866-260-2723တက္နာ်.

Korean

언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yoŋ. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتەكلنى يارمەتيى زمانى بەخۆرايى بۆ ئۆ دابين دەكرين. تكايە تەلەڧۆن بكە بۆ ژمارەي 2723-260-1-86.

Laotian

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່ຳໃຫ້ແກ່່ທ່ຳນ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

Marathi

भाषेच्या मदतीची स्विधा आपल्याला विनामूल्य उपलब्ध आहे.

त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wonāān. Jouj im kallok 1-866-260-2723.

Micronesian- Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'į' bee ná'ahoot'i'. T'áá shǫǫdí kohjį' 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया

1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Käk ë kuny ajuser ë thok atë tinë yin abac të cin wëu yeke thiëëc. Yin col 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات امداد زیانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 2723-260-861 تماس بگیرید.

Polish

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ

1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maaɗa. Noodu 1-866-260-2723.

Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

Syriac- Assyrian

چېچەقتاقە تەنبەزەتە بايتىتە، ئۆتكەمبەلە، تەنبار يەتيە ئىلەممە . مىنى مەمەر مەنبە مەمەر مەنبە ئەمەر مەنبە مەن م مەنى خار مىنىتە 2723-260-1.

Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugu

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి.

దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

Ukrainian

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلامعاوضہ دستیاب ہیں۔ براہ مہربانی 2723-260-168-1 پر کال کریں۔

Vietnamese

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723.

Yoruba

Isé irànlówó èdè tí ó jé òfé, wà fún ó. Pe 1-866-260-2723.