

University of Utah Qualifying Life Event Request

Nature of Your Qualifying Life Event:

If you experience a Qualifying Life Event (QLE) (e.g. loss of health insurance coverage, aged out of your parent's health insurance plan, marriage, etc.) during the plan year 7/15/2024 to 8/15/2025, you can enroll in the University of Utah health insurance for the remainder of the current coverage period. Please complete this form and sign and date it.

Reason for Qualifying Event:	
Loss of coverage under another plan	Other (please detail)
Marital status	
Adoption of a child/birth of a child	
Guardianship appointment	
☐ International Students: arrival of spouse/dependents in country	
Date of Qualifying Life Event:	
Primary Insured Information:	Gender: M F U U
Name:	
(Last name, first name)	
Student ID #:	
(Required)	
Birth Date:(mm/dd/yyyy)	
Address:	
(Street, City, State, ZIP)	
Email Address:	Student Phone #:(Home phone or cell phone)

Enrollment & Payment Instructions:

A QLE is required for primary insureds and dependents to be eligible to enroll in the school health insurance plan at a time outside of the enrollment period. Enrollment in the plan must occur within 30 days of the QLE. Premiums are not pro-rated.

Make check or money order payable to UnitedHealthcare Student Resources in US dollars. Mail this completed form, your school injury and sickness insurance enrollment form, required supporting documentation, along with premium payment to: UnitedHealthcare StudentResources; PO Box 809026; Dallas, TX 75380-9026.

Student Signature:	Date:	
For More Information: Contact Kerry Hill	at the SHC - <u>kerry.hill@studenthealth.utah.edu</u> or 801-58	31-5804
For Administrative Use Only:		
Date:		
Effective Enrollment Period Dates:		
Approved By:		
Premium Amount:		



UNITEDHEALTHCARE INSURANCE COMPANY ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

UNIVERSITY OF UTAH

2024-2310-1

LAST (FAMILY) NAME:	FIRST (G	IVEN) N	IAME:			1	MIDDLE INITIAL:
GENDER:	DATE OF BIRTH				SCH	OOL ID	#:
PERMANENT U.S. ADDRESS: (HOUSE	/BUILDING # AND S	REET	NAME)		l		
CITY:			STATE:			ZIP C	ODE:
FELEPHONE #:			EMAIL ADI	DRESS	ï		
DEPENDENT INFORMATION		. 5					
Complete information below for depe Plan (Please include a blank sheet for	or additional depend		ndent covera	_			students insured under the
SPOUSE:	GENDER:	□ FI	EMALE	U (OATE OF B	AY/YEA	•
First (Given) Name:	Middle Init	al:		L	ast (Fami	ly) Nan	ne:
CHILD:	GENDER:	□ FI	EMALE		ATE OF B		R)
First (Given) Name:	Middle Init	ial:		L	ast (Fami	ly) Nan	ne:
CHILD:	GENDER:	□ Fi	EMALE		ATE OF B		R)
First (Given) Name:	Middle Init	ial:		L	ast (Fami	ly) Nan	ne:
CHILD:	GENDER:	□ Fi	EMALE		ATE OF B		R)
First (Given) Name:	Middle Init	ial:		L	ast (Fami	ly) Nan	ne:
CHILD:	GENDER:	□ Fi	EMALE		ATE OF B		R)
First (Given) Name:	Middle Init	ial:		L	ast (Fami	ly) Nan	ne:
OTICE TO STUDENT: Coverage will be e	age period, whichever carefully read the Ce	is later, tificate o	unless otherw of Coverage a	ise stat nd elec	ed in the Markets to enroll	laster Po as indic	olicy. By signing, the student ated on this enrollment form;
Rates are not pro-rated other than as list scribed in the Certificate of Coverage; an Il not be refunded except for ineligibility or DTICE: Any person who knowingly preser formation in an application for insurance is mbination thereof.	d 4) If it is later detern entrance into the arn nts a false or fraudule	nined that ned force nt claim	at the student es. for payment of	is not e f a loss	ligible, the	premiun or who k	n will be refunded. Premium cnowingly presents false

EF-2024-UT 1 of 4

	ampus/School Attending: ease print name of University.	Must be	e com	plete	d in order for applica	tion to be proc	essed	1 .
	☐ I elect to purchase In			nes	s insurance coveraç	ge under the l	Unive	rsity's student insurance plan. Below
_								
	LEASE CHECK ALL APPROP							
IN	SURED CATEGORY:		Und	aergra	aduate			Graduate
			Inte	rnatio	onal			
D C	Codes							
21	Student		Mo □	nthly \$	(MX) 230.00			
22	Spouse			\$	229.00			
23	One Child			\$	229.00			
24	Two or More Children			\$	458.00			
25	Spouse + Two or More Child	ren		\$	687.00			
N e	OTE: The amounts stated above xample, cover your school's ad	e includ Iministra	le cer itive c	tain f	ees charged by the s associated with offer	chool you are ing this health	receiv plan.	ving coverage through. Such fees may, for
E C	_	to 08 ON DAT	ES: e date	e the ım ar	e received after this i	requested effe	ctive c	lication and correct premium payment. date, your effective date will be the date
а -	pplication and correct premium	arc rcc	CIVCU	. 1100				·
	Rate x # of months eligible = a	mount d	lue		TO CALCULATE \ xample: \$230.00 x 3 CULATION FOR MC	months = \$69		
	Monthly premium: \$ Multiply by # of months: Total premium enclosed: \$							
	Payment Instructions: Make chenrollment form along with pre				er payable to UnitedH	lealthcare Stu	dent F	Resources in US dollars. Mail this
	UnitedHealthcare Student Res PO Box 809026 Dallas, TX 75380-9026.	ources						
	Your cancelled check or credit premium payments whether or					fication of cov	erage.	. The student is responsible for timely

HOW TO ENROLL OR PAY ONLINE:

Dependents Only:

If the primary insured purchases coverage through their school or broker, they can request to be notified when dependent coverage is available to purchase once the primary insured's coverage is in force. To complete this request, visit uhcsr.com/control and select "Notify me" and complete the form. Once the primary insured's coverage is in force, a notification email will be sent indicating that dependent coverage can be purchased.

EF-2024-UT 2 of 4

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.

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

Prima	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				

Sec	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	
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Prima	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				

] INC)	□ Unknown
Sec	condary Ethnici	ty (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

EF-2024-UT 3 of 4

Prima	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			

Prim	Primary Language (select one)							
	799	African Languages (please specify)		724	Korean			
	777	Arabic		656	Persian			
	708	Chinese (please specify)		645	Polish			
	601	Cape Verdean Creole		629	Portuguese			
	600	English		639	Russian			
	620	French		625	Spanish			
	607	German		742	Tagalog			
	637	Greek		671	Urdu			
	623	Haitian Creole		728	Vietnamese			
	778	Hebrew		997	Other (please specify)			
	663	Hindi		998	Declined			
	619	Italian		999	Unavailable			
	723	Japanese						

EF-2024-UT 4 of 4

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: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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 እርዳታ አንልግሎቶች በነጻ ይንኛሉ። እባክዎ ወደ 1-866-260-2723 ይደውሉ።

Arabic

تتوفر لك خدمات المساعدة اللغوية مجانًا, اتصل على الرقم 2723-260-1-86.

Armenian

Ձեզ մատչելի են անվձար 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। দ্যা করে 1-866-260-2723-তে কল করুন।

Burmese

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

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

\$የጋኬብ፡፡ J OʻOLOS T. J OʻOLOS T. M. RGGOO TAOL/JAT hleggood D4cot. Igco Dh obwos 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 hochi 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 સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કુપા કરીને 1-866-260-2723 પર ક્રૉલ 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.

Italiar

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

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 yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتەككىي يارمەتىيى زمانى بەخۆر إيى بۆ تۆ دابين دەكريّن. تكايە تەلمەقۆن بىكە بۆ رُمارەي 2723-266-1.

Laotiai

ມືບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່ຳໃຫ້ແກ່ທ່ຳນ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

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

Micronesian-Pohnpeian

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

Navaio

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'į' bee ná'ahoot'i'. T'áá shoodí kohji' 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 atö 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 زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 2723-260-168 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 sunati 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

چەرەدىقە دۇنۇنى دايىتى، ھېدە ئەبىلى يەنىيە كالەمەر . دىيىدەمەر مەنىيە 1-866-260 مۇنى خالىمىدى خالىمىدى دىنىدەم

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

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