

PLEASE COMPLETE THIS FORM IN BLOCK LETTER PRINT USE BLACK INK

UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK  
 ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS  
**AMERICAN COLLEGE STUDENT ASSOCIATION**  
 To enroll in this plan ONLINE, go to [WWW.ACSA.COM](http://WWW.ACSA.COM)  
**FOR NEW YORK RESIDENTS ONLY**



HIGH OPTION 2010-2101-30 / LOW OPTION 2010-2101-31

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or SCHOOL ID# \_\_\_\_\_

PRIMARY INSURED STUDENT NAME: \_\_\_\_\_  
 Last (Family) Name  
 \_\_\_\_\_  
 First (Given) Name Middle Initial

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act; which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the sated value of the claim for each such violation.

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

# AMERICAN COLLEGE STUDENT ASSOCIATION

HIGH OPTION 2010-2101-30 / LOW OPTION 2010-2101-31

**CAMPUS LOCATION:** \_\_\_\_\_

**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 the Association's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES		HIGH OPTION 2010-2101-30			
INSURED CATEGORY: <input type="checkbox"/> ALL					
Under Age 30 PERIOD CODES	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011	
ID CODES					
A Student	<input type="checkbox"/> \$1,204.00	<input type="checkbox"/> \$ 920.00	<input type="checkbox"/> \$ 613.00	<input type="checkbox"/> \$ 307.00	
D Student & Spouse	<input type="checkbox"/> \$4,367.00	<input type="checkbox"/> \$3,338.00	<input type="checkbox"/> \$2,225.00	<input type="checkbox"/> \$1,113.00	
E Student & All Children	<input type="checkbox"/> \$3,289.00	<input type="checkbox"/> \$2,514.00	<input type="checkbox"/> \$1,676.00	<input type="checkbox"/> \$ 838.00	
F Student, Spouse & All Children	<input type="checkbox"/> \$6,452.00	<input type="checkbox"/> \$4,932.00	<input type="checkbox"/> \$3,288.00	<input type="checkbox"/> \$1,644.00	
Age 30-39 PERIOD CODES	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011	
ID CODES					
G Student	<input type="checkbox"/> \$1,295.00	<input type="checkbox"/> \$ 989.00	<input type="checkbox"/> \$ 660.00	<input type="checkbox"/> \$ 330.00	
J Student & Spouse	<input type="checkbox"/> \$4,711.00	<input type="checkbox"/> \$3,601.00	<input type="checkbox"/> \$2,401.00	<input type="checkbox"/> \$1,201.00	
K Student & All Children	<input type="checkbox"/> \$3,380.00	<input type="checkbox"/> \$2,583.00	<input type="checkbox"/> \$1,723.00	<input type="checkbox"/> \$ 861.00	
L Student, Spouse & All Children	<input type="checkbox"/> \$6,796.00	<input type="checkbox"/> \$5,195.00	<input type="checkbox"/> \$3,464.00	<input type="checkbox"/> \$1,732.00	
Age 40 and Older PERIOD CODES	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011	
ID CODES					
M Student	<input type="checkbox"/> \$1,372.00	<input type="checkbox"/> \$1,048.00	<input type="checkbox"/> \$ 699.00	<input type="checkbox"/> \$ 349.00	
P Student & Spouse	<input type="checkbox"/> \$4,996.00	<input type="checkbox"/> \$3,819.00	<input type="checkbox"/> \$2,546.00	<input type="checkbox"/> \$1,273.00	
Q Student & All Children	<input type="checkbox"/> \$3,457.00	<input type="checkbox"/> \$2,642.00	<input type="checkbox"/> \$1,762.00	<input type="checkbox"/> \$ 880.00	
R Student, Spouse & All Children	<input type="checkbox"/> \$7,081.00	<input type="checkbox"/> \$5,413.00	<input type="checkbox"/> \$3,609.00	<input type="checkbox"/> \$1,804.00	

PLEASE CHECK ALL APPROPRIATE BOXES		LOW OPTION 2010-2101-31			
INSURED CATEGORY: <input type="checkbox"/> ALL					
Under Age 30 PERIOD CODES	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011	
ID CODES					
A Student	<input type="checkbox"/> \$ 852.00	<input type="checkbox"/> \$ 650.00	<input type="checkbox"/> \$ 434.00	<input type="checkbox"/> \$ 217.00	
D Student & Spouse	<input type="checkbox"/> \$2,947.00	<input type="checkbox"/> \$2,251.00	<input type="checkbox"/> \$1,501.00	<input type="checkbox"/> \$ 751.00	
E Student & All Children	<input type="checkbox"/> \$2,273.00	<input type="checkbox"/> \$1,736.00	<input type="checkbox"/> \$1,158.00	<input type="checkbox"/> \$ 579.00	
F Student, Spouse & All Children	<input type="checkbox"/> \$4,368.00	<input type="checkbox"/> \$3,337.00	<input type="checkbox"/> \$2,225.00	<input type="checkbox"/> \$1,113.00	
Age 30-39 PERIOD CODES	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011	
ID CODES					
G Student	<input type="checkbox"/> \$ 913.00	<input type="checkbox"/> \$ 697.00	<input type="checkbox"/> \$ 465.00	<input type="checkbox"/> \$ 232.00	
J Student & Spouse	<input type="checkbox"/> \$3,168.00	<input type="checkbox"/> \$2,421.00	<input type="checkbox"/> \$1,614.00	<input type="checkbox"/> \$ 807.00	
K Student & All Children	<input type="checkbox"/> \$2,334.00	<input type="checkbox"/> \$1,783.00	<input type="checkbox"/> \$1,189.00	<input type="checkbox"/> \$ 594.00	
L Student, Spouse & All Children	<input type="checkbox"/> \$4,589.00	<input type="checkbox"/> \$3,507.00	<input type="checkbox"/> \$2,338.00	<input type="checkbox"/> \$1,169.00	
Age 40 and Older PERIOD CODES	Annual (A-) Cannot Be Purchased After 10-31-2010	Nine Months (Z9) Cannot Be Purchased After 1-31-2011	Semi-Annual (IX) Cannot Be Purchased After 4-30-2011	Quarterly (QX) Cannot Be Purchased After 7-31-2011	
ID CODES					
M Student	<input type="checkbox"/> \$ 978.00	<input type="checkbox"/> \$ 747.00	<input type="checkbox"/> \$ 498.00	<input type="checkbox"/> \$ 249.00	
P Student & Spouse	<input type="checkbox"/> \$3,405.00	<input type="checkbox"/> \$2,602.00	<input type="checkbox"/> \$1,735.00	<input type="checkbox"/> \$ 867.00	
Q Student & All Children	<input type="checkbox"/> \$2,399.00	<input type="checkbox"/> \$1,833.00	<input type="checkbox"/> \$1,222.00	<input type="checkbox"/> \$ 611.00	
R Student, Spouse & All Children	<input type="checkbox"/> \$4,826.00	<input type="checkbox"/> \$3,688.00	<input type="checkbox"/> \$2,459.00	<input type="checkbox"/> \$1,229.00	

**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. Nine Months coverage expires 9 months following receipt of your premium or October 31, 2011, whichever is earlier. Semi-Annual coverage expires 6 months 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.

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

**Payment Instructions:** Make check or money order payable 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 or if paying by credit card, fax this completed enrollment form to 469-229-5612. 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		Expiration Date
CHARGE FULL AMOUNT \$ _____	<input type="checkbox"/> VISA or <input type="checkbox"/> MASTERCARD # _____	____ - ____ Month Year
AUTHORIZED SIGNATURE _____	DATE _____	
<b>OR</b> PAID BY CHECK # _____	AMOUNT PAID \$ _____	