

UNIVERSITY OF DELAWARE STUDENT ACCIDENT & SICKNESS INSURANCE APPLICATION

POST DOCS ONLY

PART A - Personal Information

YES - I do want the University of Delaware Student Health Insurance

University ID #	Last Name	First Name	Middle Initial	Gender (circle one) M F
Street Address (your card will be sent to the U.S. address you provide)		Apt. / Floor	Date of Birth / /	
City	State	Zip Code	Status	
Email Address			<input checked="" type="checkbox"/> Post Doc	

PART B - Dependent Information

(You may include your spouse and/or eligible child(ren) on your plan.)

Eligible Dependent Definition:

Dependents must be: 1) born to you or your spouse, or legally adopted; 2) under age 19; 3) unmarried; and 4) dependent on you for support as defined by the Internal Revenue Service (IRS).

Spouse's Last Name	Spouse's First Name	Middle Initial	Gender (circle one) M F	Date of Birth / /
Dependent Child's Last Name	Dependent Child's First Name	Middle Initial	Gender (circle one) M F	Date of Birth / /
Dependent Child's Last Name	Dependent Child's First Name	Middle Initial	Gender (circle one) M F	Date of Birth / /

PART C - Other Insurance Information

Are you (or any of your dependents from Part B) covered by other health insurance? Circle One: Yes No

If yes, complete the following:

Name of Insurance Company	Name of Policyholder	Effective Date of Policy
Address where claims are submitted	Is this an Employer Policy? Yes No	If Yes, Employer Name:
City	State	Zip Code
Policy Identification #	Who is covered? (Circle all that are applicable) Student / Spouse / Dependent Child(ren)	

PART D - Terms of Agreement & Signature

- * My application is subject to acceptance by Nationwide Life Insurance Company.
- * I authorize any physician, hospital and/or any other health care provider to release information available to them as to diagnosis, treatment or any other health care services they render to me or my covered dependents to the Nationwide Life Insurance Company or their legal representative.
- * I also authorize Nationwide Life Insurance Company to release appropriate diagnostic and medical information to other persons in connection with a claim for coordination of benefits or other purposes related to this contract.
- * I am being offered the Blue Plan and the Blue & Gold Plan health insurance from Nationwide Life Insurance Company and have chosen the plan appropriate for my needs.
- * I understand that if my application is accepted, my coverage will end of the end date which I selected and I will be responsible for any continued coverage after the end date.
- * I certify that I am an admitted University of Delaware student as of the date of this application.

(BACK OF APPLICATION MUST BE COMPLETED)

Signature of Applicant X	Date of Application
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PART E - Plan Options

Please put a check mark in the box next to the plan you have selected.

September 1, 2009 to September 1, 2010			
	Blue Plan		Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$480		<input type="checkbox"/> \$814
Student & 1 Dependent:	<input type="checkbox"/> \$2,895		<input type="checkbox"/> \$4,175
Student & 2+ Dependents:	<input type="checkbox"/> \$4,747		<input type="checkbox"/> \$6,687

September 1, 2009 to February 1, 2010			
	Blue Plan		Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$201		<input type="checkbox"/> \$340
Student & 1 Dependent:	<input type="checkbox"/> \$1,207		<input type="checkbox"/> \$1,741
Student & 2+ Dependents:	<input type="checkbox"/> \$1,979		<input type="checkbox"/> \$2,787

February 1, 2010 to September 1, 2010			
	Blue Plan		Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$279		<input type="checkbox"/> \$474
Student & 1 Dependent:	<input type="checkbox"/> \$1,688		<input type="checkbox"/> \$2,435
Student & 2+ Dependents:	<input type="checkbox"/> \$2,768		<input type="checkbox"/> \$3,900

PART F - Payment & Mailing Instructions

For expedited enrollment and confirmation of coverage, you can enroll and pay online at www.universityhealthplans.com during enrollment periods instead of completing the paper application. If you are using the paper application, you must pay by check or money order. You may only pay by credit card online during enrollment periods.

PLEASE SUBMIT APPLICATION PRIOR TO START DATE TO ASSURE FULL COVERAGE

Make your check or money order (for the total applicable premium listed above) payable to:

Nationwide Life Insurance Company

Return this form (with the total applicable premium listed above) to:

**University Health Plans
One Batterymarch Park
Quincy, MA 02169-7454**

Should you have any questions, please contact: University Health Plans at (800) 437-6448

We suggest that you make a copy of this application for your files.