

University of Delaware Student Accident & Sickness Insurance Application

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

A. PERSONAL INFORMATION (Please Print)

<small>LAST NAME, FIRST NAME, MIDDLE INITIAL</small>	<small>SOCIAL SECURITY NUMBER</small>	<small>SEX - Circle One</small>	<small>DATE OF BIRTH</small>	<small>STATUS - Check One</small>
_____	_____	M / F	_____	<input type="checkbox"/> Non-Funded Graduate <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Funded Graduate ¹ <input type="checkbox"/> Post Doc
<small>HOME ADDRESS - Street, City, State, Zip Code</small>				

<small>E-mail address:</small>				

B. OTHER COVERAGE INFORMATION

Are you or any family members covered by other health insurance? (circle one) YES / NO If Yes, please complete the following:

<small>Name of Insurance Company</small>	<small>Address of where claims are submitted to:</small>	<small>Is this an Employer Policy? Yes / No</small> If Yes, Employer Name:
_____	_____	_____
<small>Name of Policyholder</small>	<small>Policy Identification Number</small>	<small>Effective Date of Policy</small>
_____	_____	_____

Who is covered? Circle all that are applicable:
Student / Spouse / Dependent Child(ren)

C. INDIVIDUALS TO BE COVERED

Eligible Dependents Definition: Dependents must be born to you or your spouse or legally adopted, under age of 19 and unmarried, and dependent on you for support as defined by the Internal Revenue Service (IRS)

<small>Spouse's First Name</small>	<small>M.I.</small>	<small>Spouse's Last Name - if different</small>	<small>Date of Birth</small>	<small>Spouse's Social Security Number</small>
_____	_____	_____	_____	_____
<small>Dependent's First Name</small>	<small>M.I.</small>	<small>Dependent's Last Name - if different</small>	<small>Date of Birth</small>	<small>Dependent's Social Security Number</small>
_____	_____	_____	_____	_____
<small>Dependent's First Name</small>	<small>M.I.</small>	<small>Dependent's Last Name - if different</small>	<small>Date of Birth</small>	<small>Dependent's Social Security Number</small>
_____	_____	_____	_____	_____

D. TERMS OF AGREEMENT

- * 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 Plan Blue and Plan Blue and Gold health insurance from the 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 on 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.

<small>SIGNATURE OF APPLICANT</small>	(BACK OF APPLICATION MUST BE COMPLETED)	<small>DATE OF APPLICATION - Month, Day, Year</small>
X _____		

Foreign students holding F1 and J1 Visas are not to use this application form. If a foreign student wants to upgrade to the Blue Gold Plan or purchase insurance for dependents and spouse, use the Foreign Student Upgrade and dependent/spouse Insurance Application Form

Return completed application by coverage start date to:

University Health Plans, Inc.
One Battymarch Park
Quincy, MA 02169-7454

¹ Graduate student receiving stipend and/or tuition from the University of Delaware.

University of Delaware Student Accident & Sickness Insurance Application for Coverage

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

If you are an undergraduate student or a non-funded graduate student, use this chart to determine your costs*.

September 1, 2003 to September 1, 2004			January 1, 2004 to September 1, 2004		
	<u>Blue Plan</u>	<u>Blue and Gold Plan</u>		<u>Blue Plan</u>	<u>Blue and Gold Plan</u>
Student Only:	<input type="checkbox"/> \$789	<input type="checkbox"/> \$963	Student Only:	<input type="checkbox"/> 529	<input type="checkbox"/> \$645
Student & Dependent:	<input type="checkbox"/> \$2,068	<input type="checkbox"/> \$2,673	Student & Dependent:	<input type="checkbox"/> \$1,381	<input type="checkbox"/> \$1,785
Student, Spouse & Children:	<input type="checkbox"/> \$3,021	<input type="checkbox"/> \$3,958	Student, Spouse & Children:	<input type="checkbox"/> \$2,017	<input type="checkbox"/> \$2,641
February 1, 2004 to September 1, 2004			June 1, 2004 to September 1, 2004		
	<u>Blue Plan</u>	<u>Blue and Gold Plan</u>		<u>Blue Plan</u>	<u>Blue and Gold Plan</u>
Student Only:	<input type="checkbox"/> \$464	<input type="checkbox"/> \$565	Student Only:	<input type="checkbox"/> \$203	<input type="checkbox"/> \$247
Student & Dependent:	<input type="checkbox"/> \$1,210	<input type="checkbox"/> \$1,563	Student & Dependent:	<input type="checkbox"/> \$523	<input type="checkbox"/> \$674
Student, Spouse & Children:	<input type="checkbox"/> \$1,766	<input type="checkbox"/> \$2,312	Student, Spouse & Children:	<input type="checkbox"/> \$761	<input type="checkbox"/> \$996

*These costs include an Administrative Fee.

If you are a funded graduate or post doc, use this chart to determine your costs.

September 1, 2003 to September 1, 2004			September 1, 2003 to February 1, 2004		
	<u>Blue Plan</u>	<u>Blue and Gold Plan</u>		<u>Blue Plan</u>	<u>Blue and Gold Plan</u>
Student Only:	<input type="checkbox"/> \$172	<input type="checkbox"/> \$346	Student Only:	<input type="checkbox"/> \$72	<input type="checkbox"/> \$145
Student & Dependent:	<input type="checkbox"/> \$1,451	<input type="checkbox"/> \$2,056	Student & Dependent:	<input type="checkbox"/> \$605	<input type="checkbox"/> \$857
Student, Spouse & Children:	<input type="checkbox"/> \$2,404	<input type="checkbox"/> \$3,341	Student, Spouse & Children:	<input type="checkbox"/> \$1,002	<input type="checkbox"/> \$1,393
February 1, 2004 to September 1, 2004					
	<u>Blue Plan</u>	<u>Blue and Gold Plan</u>			
Student Only:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$201			
Student & Dependent:	<input type="checkbox"/> \$846	<input type="checkbox"/> \$1,199			
Student, Spouse & Children:	<input type="checkbox"/> \$1,402	<input type="checkbox"/> \$1,948			

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

For expedited enrollment and confirmation of coverage you can enroll and pay on-line at www.universityhealthplans.com instead of completing the paper application.

PLEASE SUBMIT APPLICATION PRIOR TO START DATE TO ASSURE FULL COVERAGE.

Please pay by check or money order if you are using the paper application. (Use on-line system for credit card payments)

Make your check or money order for the total applicable premium listed above 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**