

# University of Delaware Student Accident & Sickness Insurance Application

**YES - I do want the University of Delaware Student Health Insurance Program for U.S. Citizens and Permanent Resident Immigrants**

## A. PERSONAL INFORMATION (Please Print)

LAST NAME, FIRST NAME, MIDDLE INITIAL	UNIVERSITY OF DELAWARE ID NUMBER	SEX - Circle One M / F	DATE OF BIRTH	STATUS - Check One <input type="checkbox"/> Non-Funded Graduate <sup>1</sup> <input type="checkbox"/> Funded Graduate <sup>1</sup> <input type="checkbox"/> Undergraduate Student
HOME ADDRESS - Street, City, State, Zip Code				
E-mail address:				

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

Spouse's First Name	M.I.	Spouse's Last Name - if different	Date of Birth	Sex
Dependent's First Name	M.I.	Dependent's Last Name - if different	Date of Birth	Sex
Dependent's First Name	M.I.	Dependent's Last Name - if different	Date of Birth	Sex

## 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.

SIGNATURE OF APPLICANT

**(BACK OF APPLICATION MUST BE COMPLETED)**

DATE OF APPLICATION - Month, Day, Year

X

**Foreign students holding F1 and J1 Visas are not to use this application form.**

**Return completed application by coverage start date to:**

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

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

## University of Delaware Student Accident & Sickness Insurance Application for Coverage for U.S. Citizens and Permanent Resident Immigrants

(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, 2006 to September 1, 2007				January 1, 2007 to September 1, 2007					
		<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"/>	\$1,363	<input type="checkbox"/>	\$1,658	Student Only:	<input type="checkbox"/>	\$907	<input type="checkbox"/>	\$1,104
Student & 1 Dependent:	<input type="checkbox"/>	\$3,498	<input type="checkbox"/>	\$4,606	Student & 1 Dependent:	<input type="checkbox"/>	\$2,331	<input type="checkbox"/>	\$3,069
Student & 2 or more					Student & 2 or more				
Dependents	<input type="checkbox"/>	\$5,106	<input type="checkbox"/>	\$6,838	Dependents	<input type="checkbox"/>	\$3,403	<input type="checkbox"/>	\$4,557
February 1, 2007 to September 1, 2007				June 1, 2007 to September 1, 2007					
		<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"/>	\$794	<input type="checkbox"/>	\$967	Student Only:	<input type="checkbox"/>	\$343	<input type="checkbox"/>	\$417
Student & 1 Dependent:	<input type="checkbox"/>	\$2,040	<input type="checkbox"/>	\$2,686	Student & 1 Dependent:	<input type="checkbox"/>	\$877	<input type="checkbox"/>	\$1,154
Student & 2 or more					Student & 2 or more				
Dependents	<input type="checkbox"/>	\$2,978	<input type="checkbox"/>	\$3,988	Dependents	<input type="checkbox"/>	\$1,279	<input type="checkbox"/>	\$1,712

\*These costs include an Administrative Fee.

**If you are a funded graduate, use this chart to determine your costs.**

September 1, 2006 to September 1, 2007				September 1, 2006 to February 1, 2007						
		<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"/>	\$240	<input type="checkbox"/>	\$535	Student Only:	<input type="checkbox"/>	\$101	<input type="checkbox"/>	\$224	
Student & 1 Dependent:	<input type="checkbox"/>	\$2,375	<input type="checkbox"/>	\$3,483	Student & 1 Dependent:	<input type="checkbox"/>	\$990	<input type="checkbox"/>	\$1,452	
Student & 2 or more					Student & 2 or more					
Dependents	<input type="checkbox"/>	\$3,983	<input type="checkbox"/>	\$5,715	Dependents	<input type="checkbox"/>	\$1,660	<input type="checkbox"/>	\$2,382	
February 1, 2007 to September 1, 2007										
		<u>Blue Plan</u>	<u>Blue and Gold Plan</u>							
Student Only:	<input type="checkbox"/>	\$139	<input type="checkbox"/>	\$311						
Student & 1 Dependent:	<input type="checkbox"/>	\$1,385	<input type="checkbox"/>	\$2,031						
Student & 2 or more										
Dependents	<input type="checkbox"/>	\$2,323	<input type="checkbox"/>	\$3,333						

***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](http://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**