

# UNIVERSITY OF DELAWARE STUDENT ACCIDENT & SICKNESS INSURANCE APPLICATION

**U.S. CITIZENS AND PERMANENT RESIDENT IMMIGRANTS ONLY**  
(Foreign Students holding F1 and J1 Visas are not to use this application.)

## 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 (check one) <input type="checkbox"/> Non-Funded Graduate <input type="checkbox"/> Funded Graduate * <input type="checkbox"/> Undergraduate	
Email Address			* Graduate student receiving stipend and/or tuition from the University	

## 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.

**UNDERGRADUATE and  
NON-FUNDED GRADUATE Students**

**September 1, 2009 to September 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$1,551	<input type="checkbox"/> \$1,885
Student & 1 Dependent:	<input type="checkbox"/> \$3,966	<input type="checkbox"/> \$5,246
Student & 2+ Dependents:	<input type="checkbox"/> \$5,818	<input type="checkbox"/> \$7,758

**September 1, 2009 to February 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$647	<input type="checkbox"/> \$786
Student & 1 Dependent:	<input type="checkbox"/> \$1,653	<input type="checkbox"/> \$2,187
Student & 2+ Dependents:	<input type="checkbox"/> \$2,425	<input type="checkbox"/> \$3,233

**January 1, 2010 to September 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$1,033	<input type="checkbox"/> \$1,255
Student & 1 Dependent:	<input type="checkbox"/> \$2,643	<input type="checkbox"/> \$3,496
Student & 2+ Dependents:	<input type="checkbox"/> \$3,877	<input type="checkbox"/> \$5,171

**February 1, 2010 to September 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$904	<input type="checkbox"/> \$1,099
Student & 1 Dependent:	<input type="checkbox"/> \$2,313	<input type="checkbox"/> \$3,060
Student & 2+ Dependents:	<input type="checkbox"/> \$3,393	<input type="checkbox"/> \$4,525

**June 1, 2010 to September 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$390	<input type="checkbox"/> \$473
Student & 1 Dependent:	<input type="checkbox"/> \$994	<input type="checkbox"/> \$1,314
Student & 2+ Dependents:	<input type="checkbox"/> \$1,457	<input type="checkbox"/> \$1,942

**FUNDED GRADUATE Students**

**September 1, 2009 to September 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$240	<input type="checkbox"/> \$574
Student & 1 Dependent:	<input type="checkbox"/> \$2,655	<input type="checkbox"/> \$3,935
Student & 2+ Dependents:	<input type="checkbox"/> \$4,507	<input type="checkbox"/> \$6,447

**September 1, 2009 to February 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$101	<input type="checkbox"/> \$240
Student & 1 Dependent:	<input type="checkbox"/> \$1,107	<input type="checkbox"/> \$1,641
Student & 2+ Dependents:	<input type="checkbox"/> \$1,879	<input type="checkbox"/> \$2,687

**February 1, 2010 to September 1, 2010**

	Blue Plan	Blue & Gold Plan
Student Only:	<input type="checkbox"/> \$139	<input type="checkbox"/> \$334
Student & 1 Dependent:	<input type="checkbox"/> \$1,548	<input type="checkbox"/> \$2,295
Student & 2+ Dependents:	<input type="checkbox"/> \$2,628	<input type="checkbox"/> \$3,760

**PART F - Payment & Mailing Instructions**

*For expedited enrollment and confirmation of coverage, you can enroll and pay online at [www.universityhealthplans.com](http://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.**