

University of Delaware Student Accident & Sickness Insurance Application

APPLICATION FOR FOREIGN STUDENTS WHO WHICH TO UPGRADE OR ADD DEPENDENTS/SPOUSE

A. PERSONAL INFORMATION (Please Print)

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	SEX - Circle One M / F	DATE OF BIRTH	STATUS - Check One <input type="checkbox"/> Non-Funded Graduate <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Funded Graduate ¹ <input type="checkbox"/> Post Doc
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:		
Name of Policyholder	Policy Identification Number	Effective Date of Policy	Is this an Employer Policy? Yes / No If Yes, Employer Name: <small>Who is covered? Circle all that are applicable:</small>
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	Spouse's Social Security Number
Dependent's First Name	M.I.	Dependent's Last Name - if different	Date of Birth	Dependent's Social Security Number
Dependent's First Name	M.I.	Dependent's Last Name - if different	Date of Birth	Dependent's Social Security Number

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

This application is for foreign students holding F1 and J1 Visas who wish to upgrade to the Blue Gold Plan or who wish to acquire insurance for dependents or spouse.

Return completed application by coverage start date to:

University Health Plans, Inc.
One Batterymarch 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 for Foreign Students

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

This table is to be used only if you are an international student and want to add Blue Gold coverage or add dependent and/or spouse*.

September 1, 2004 to September 1, 2005				January 1, 2005 to September 1, 2005			
Student Only:	<u>Blue Plan</u> Your Student Acct has been charged for student portion of the Blue Plan	<u>Upgrade to Blue and Gold Plan</u> <input type="checkbox"/> \$185		Student Only:	<u>Blue Plan</u> Your Student Acct has been charged for student portion of the Blue Plan	<u>Upgrade to Blue and Gold Plan</u> <input type="checkbox"/> \$123	
Add 1 Dependent:	<input type="checkbox"/> \$1,401	<input type="checkbox"/> \$2,048		Add 1 Dependent:	<input type="checkbox"/> \$934	<input type="checkbox"/> \$1,365	
Add 2 or more Dependents	<input type="checkbox"/> \$2,444	<input type="checkbox"/> \$3,445		Add 2 or more Dependents	<input type="checkbox"/> \$1,629	<input type="checkbox"/> \$2,297	
February 1, 2005 to September 1, 2005				June 1, 2005 to September 1, 2005			
Student Only:	<u>Blue Plan</u> Your Student Acct has been charged for student portion of the Blue Plan	<u>Upgrade to Blue and Gold Plan</u> <input type="checkbox"/> \$108		Student Only:	<u>Blue Plan</u> Your Student Acct has been charged for student portion of the Blue Plan	<u>Upgrade to Blue and Gold Plan</u> <input type="checkbox"/> \$46	
Add 1 Dependent:	<input type="checkbox"/> \$817	<input type="checkbox"/> \$1,194		Add 1 Dependent:	<input type="checkbox"/> \$350	<input type="checkbox"/> \$512	
Add 2 or more Dependents	<input type="checkbox"/> \$1,425	<input type="checkbox"/> \$2,009		Add 2 or more Dependents	<input type="checkbox"/> \$611	<input type="checkbox"/> \$861	
September 1, 2004 to February 1, 2005							
Student Only:	<u>Blue Plan</u> Your Student Acct has been charged for student portion of the Blue Plan	<u>Upgrade to Blue and Gold Plan</u> <input type="checkbox"/> \$77					
Add 1 Dependent:	<input type="checkbox"/> \$584	<input type="checkbox"/> \$854					
Add 2 or more Dependents	<input type="checkbox"/> \$1,019	<input type="checkbox"/> \$1,436					

*These costs include an Administrative Fee.

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