

UNITEDHEALTHCARE INSURANCE COMPANY
ELECTION FORM FOR INTERNATIONAL STUDENTS
OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE

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MINNESOTA COMMUNITY & TECHNICAL COLLEGES

2015-1251-48

PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.			
SOCIAL SECURITY #:		OR STUDENT ID #:	
LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:		MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)	EXPECTED DATE OF GRADUATION: (MONTH/YEAR)	
PERMANENT U.S. ADDRESS: (HOUSE/BUILDING # AND STREET NAME)			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this election card; 2) Rates are not pro-rated other than as listed on this election card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. A student who requests to cancel coverage under the Policy will receive a refund of unearned premium as of the time of cancellation if the unearned premium is for a period of more than one month. The return of unearned premium will be delivered to the Insured within 30 days following receipt of the Insured's request for cancellation.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing false, incomplete or misleading information may be subject to criminal and/or civil penalties.

Student's Signature: _____

Date: _____

Campus Location:

- Alexandria Tech College
- Anoka Technical College
- Anoka-Ramsey Community College Cambridge Campus
- Anoka-Ramsey Community College Coon Rapids Campus
- Central Lakes College Brainerd Campus
- Central Lakes College Staples Campus
- Century College
- Dakota County Tech College
- Fond du Lac Tribal and Community College
- Hennepin Tech College Brooklyn Park Campus
- Hennepin Tech College Eden Prairie Campus
- Hibbing Community College
- Inver Hills Community College
- Itasca Community College
- Lake Superior College
- Mesabi Range Comm&Tech College Eveleth MN
- Mesabi Range Comm&Tech College Virginia MN
- Minneapolis Community and Tech College
- Minnesota State College - Southeast Tech Red Wing Campus
- Minnesota State College - Southeast Tech Winona Campus
- Minnesota State Community and Technical College, Detroit Lakes
- Minnesota State Community and Technical College Fergus Falls
- Minnesota State Community and Technical College, Moorhead
- Minnesota State Community and Technical College, Wadena
- Minnesota West Community & Tech College Canby Campus
- Minnesota West Community & Tech College Granite Falls Campus
- Minnesota West Community & Tech College Jackson Campus
- Minnesota West Community & Tech College Pipestone Campus
- Minnesota West Community & Tech College Worthington Campus
- Normandale Community College
- North Hennepin Community College
- Northland Community and Technical College, East Grand Forks
- Northwest Tech College Bemidji Campus
- Pine Tech College
- Rainy River Community College
- Ridgewater College Hutchinson Campus
- Ridgewater College Willmar Campus
- Riverland Community College Albert Lea Campus
- Riverland Community College Austin Campus
- Riverland Community College Owatonna Campus
- Rochester Community and Tech College
- Saint Paul College - A Community & Technical College
- South Central Tech College Faribault Campus
- South Central Tech College Mankato Campus
- St. Cloud Technical College
- Vermilion Community College
- Other (Print Name of Campus) _____

I elect to purchase blanket Injury and Sickness insurance coverage under the College's student blanket insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES.

INSURED CATEGORY: Athletes

OPTIONAL INTERCOLLEGIATE SPORTS (STUDENTS ONLY)

Optional Intercollegiate Sports coverage is available to Students only and may only be purchased simultaneously and in conjunction with the purchase of basic coverage at the time of initial enrollment in the Plan.

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|--|------------------------------------|
| | Period Codes |
| ID Codes | Annual (A-) |
| 2 Low Risk IC Sports (Student) | <input type="checkbox"/> \$ 298.00 |
| (Softball, Volleyball, Cheerleading, Golf, Tennis, Rifle, Swimming, Track and Field, Equestrian, Wrestling, Boxing, Gymnastics, Skating, Cross Country, Rowing, Fencing, Squash, Skiing, Crew and Bowling) | |
| 1 High Risk IC Sports (Student) | <input type="checkbox"/> \$ 506.00 |
| (Football, Hockey, Lacrosse, Soccer, Rodeo, Rugby, Baseball and Basketball) | |

EFFECTIVE/EXPIRATION PERIODS:

Annual 8/15/2015 to 8/14/2016

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail this election card along with premium payment to:
 UnitedHealthcare **StudentResources**
 PO Box 809026
 Dallas, TX 75380-9026.
 Your cancelled check is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.