

NEW
 RENEWING

Underwritten by United HealthCare Insurance Company
UNIVERSITY OF MIAMI SCHOLAR/STUDENT/OBSERVER HEALTH INSURANCE PLAN

**SCHOLAR/STUDENT/
OBSERVER
ENROLLMENT FORM**

**2017-2018 SCHOLAR/STUDENT/OBSERVER ENROLLMENT FORM
J-1 VISITING SCHOLAR, F-1 OPT STUDENT, J-1 ACADEMIC TRAINING STUDENT, AND OBSERVER ENROLLMENT FORM**

UNITED HEALTHCARE #			
SCHOLAR/ STUDENT OR OBSERVER NAME	LAST / SURNAME		
	FIRST NAME		MIDDLE INITIAL
UM I.D. # <i>(Please use your "C" number)</i>		DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY # <i>(U.S. Citizens and Permanent Residents only)</i>
U.S. MAILING ADDRESS (Use school address if none)	STREET		APARTMENT #
CITY		STATE	ZIP
PHONE #		EMAIL ADDRESS (REQUIRED)	
Please check appropriate box: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Please check appropriate box: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED/DOMESTIC PARTNER	Please check appropriate box: <input type="checkbox"/> J-1 VISITING SCHOLAR <input type="checkbox"/> F-1 OPT STUDENT <input type="checkbox"/> J-1 ACADEMIC TRAINING STUDENT <input type="checkbox"/> OBSERVER	
VISA TYPE <i>(if applicable: F-1, J-1, etc.)</i>		HOME COUNTRY: <i>(if applicable)</i>	

NOTICE TO SCHOLAR/STUDENT/OBSERVER:

By signing, the scholar/student/observer acknowledges the following:

1. He/ She has carefully read the brochure and elects to enroll as indicated on this enrollment form;
2. Rates are not pro-rated;
3. He/ She meets the eligibility requirements for this coverage as described in the brochure;
4. If it is later determined that the scholar/student/observer is not eligible, the premium will be refunded;
5. Policy renewal is the responsibility of the scholar/student/observer and must be requested prior to the termination of the current policy to prevent a lapse in coverage.

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: <https://studentinsurance.wellsfargo.com> or call **800-853-5899** to request a paper copy free of charge.

PAYMENT IN FULL IS
REQUIRED FOR THE TERM
PURCHASED

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QUARTERLY RATE AVAILABLE FROM: 7/15/17 - 8/14/18

Please submit your form or call to enroll during the enrollment period.

Note: Coverage is for students only. Dependents are not covered.

		COST PER QUARTER	MULTIPLY BY # OF QUARTERS	YOUR TOTAL PREMIUM:
Scholar/Student/ Observer (All ages) only	I want this coverage to begin on:	\$730.00	X	=
	____/____/____ month day year			

Rates include premium payable to United HealthCare Insurance Company, as well as administrative fees payable to the University of Miami and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through Worldwide Assistance Services, Inc.

Coverage is not automatically renewed. Please see the plan summary of benefits for complete benefits and contact information.

PAYMENT METHOD (Remit in US Funds Only)

NOTE: If we are unable to process your payment (due to insufficient funds, closure of account, etc.), you and/or your dependents' insurance coverage will be terminated retroactive to the effective date of the enrolled term and you will be responsible for any claims that you've incurred.

Check/Money Order – MAKE CHECKS PAYABLE TO: Wells Fargo Student Insurance

Credit Card: Visa MasterCard Discover

Credit Card Account Number:

Expires (month, year):

Cardholder's Name:

(Enter/Print Cardholder's name exactly as it appears on card.)

ENROLL BY PHONE AT (800) 853-5899 OR

Mail or fax enrollment form and payment to:

Wells Fargo Student Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966

This is limited term coverage only. Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated. Coverage begins at 12:01 am and ends at midnight. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

YOU MUST COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below authorizes The University of Miami to provide Wells Fargo Student Insurance with required information necessary to validate my enrollment. I understand my information is protected by privacy laws and will be released only in accordance with these laws.

SIGNATURE OF SCHOLAR/STUDENT/OBSERVER _____ DATE _____

WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.