

SCHOLASTIC EMERGENCY SERVICES ENROLLMENT FORM - UNIVERSITY OF NORTH TEXAS SYSTEM**2012-598-3**

(PLEASE PRINT)

Name: _____ / _____ / _____ Male Female
Last First M.I.

Address: _____ City: _____ State or country: _____ Zip Code _____

Date of birth: ____ / ____ / ____ Social Security Number: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Home Country: _____ Host Country: _____ Arrival Date: _____

Requested Program Start Date: _____ Host Institution/Center name: _____

Host Institution/Center address: _____ City: _____ State or country: _____

DEPENDENT INFORMATION:

	Last Name	First Name	MI	Date of Birth	Social Security #	
Spouse:	_____	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Child:	_____	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Child:	_____	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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NOTICE: Scholastic Emergency Services will be effective the date the correct amount due is received by UnitedHealthcare StudentResources or the Effective Date of the coverage period, whichever is later.

Signature of Student/Scholar _____ Date _____

PLEASE CHECK ALL APPROPRIATE BOXES:
UNIVERSITY OF NORTH TEXAS SYSTEM

2012-598-3

NOTE: Please visit your school's insurance coverage page at www.uhcsr.com for the Scholastic Emergency Services Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations. All Scholastic Emergency Services services must be arranged and provided by Scholastic Emergency Services, any services not arranged by Scholastic Emergency Services will not be considered for payment.

Participant Category: Repatriation/Medical Evacuation

Check the Appropriate Box(es)

Annual (A-))

07. Student \$ 75.00
08. Spouse \$ 75.00
09. Each Children \$ 75.00

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail this enrollment card along with premium payment to:

UnitedHealthcare **StudentResources**
PO Box 80926
Dallas, TX 75380-9026.

Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

EFFECTIVE AND TERMINATION DATES:

Coverage will become effective the date of receipt of this application and correct payment by the Insurance Company.

Please Note: If application and correct premium are received after this requested Effective Date, your Effective Date will be the date application and correct premium are received.

Requested Effective Date: _____ / _____ / _____.

To enroll online: If you would like to use a credit card to enroll, please go to www.uhcsr.com, and use the Find My School's Plan link to search for your school. Select your school name from the search results to go to your school's page, and then select the Enroll Now link to enroll online.