# UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK ENROLLMENT FORM FOR DEPENDENTS

# STATE UNIVERSITY OF NEW YORK

2024-203415-44

PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.					
LAST (FAMILY) NAME:	FIRST (GIVEN) NA	ME:		MIC	DLE INITIAL:
	E OF BIRTH: NTH/DAY/YEAR)		\$	SCHOOL ID #:	
PERMANENT U.S. ADDRESS: (HOUSE/BUILDING # AND STREET NAME)					
CITY:		STATE: ZIP CODE:		E:	
TELEPHONE #:	ELEPHONE #: EMAIL AD		DRESS:		
<b>DEPENDENT INFORMATION</b> Complete information below for dependents to be insured. Dependent coverage is only available for students insured under the Plan (Please include a blank sheet for additional dependents).					
SPOUSE:	GENDER:	IALE		OF BIRTH: H/DAY/YEAR)	
First (Given) Name:	Middle Initial:		Last (Fami	ly) Name:	
CHILD:	GENDER:		U (MONT	OF BIRTH: H/DAY/YEAR)	
First (Given) Name:	Middle Initial:		Last (Fami	• /	
CHILD:	GENDER:	IALE		DF BIRTH: H/DAY/YEAR)	
First (Given) Name:	Middle Initial:		Last (Fami	ly) Name:	
CHILD:	GENDER:			OF BIRTH: H/DAY/YEAR)	
First (Given) Name:	Middle Initial:		Last (Fami	ly) Name:	
CHILD:	GENDER:			OF BIRTH: H/DAY/YEAR)	
First (Given) Name:	Middle Initial:		Last (Fami	ly) Name:	

**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) The student has carefully read the Certificate of Coverage and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated other than as listed on this enrollment form; 3) The student meets the eligibility requirements for this coverage as described in the Certificate of Coverage; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

**NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print name of University. Must be completed in order for application to be processed.

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

PLEASE CHECK ALL APPROPRIATE BOXES.

INSURED CATEGORY: 
Practical Training

**TOTAL PLAN COST:** The Total Cost of the plan includes the insurance premium and additional fees. See the table below for the breakdown of the insurance premium and fees. <u>Please remit the Total Plan Cost.</u>

ID C	odes	Annual (A-)	Fall (F-)	Spring (G-)	
2	Spouse	□ \$ 1,946.00	□ \$815.72	□ \$ 805.06	
3	One Child	□ \$ 1,946.00	□ \$815.72	□ \$ 805.06	
4	Two or more Children	□ \$ 3,892.00	□ \$ 1,634.44	□ \$ 1,610.12	
5	Spouse and Two or more Children	□ \$ 5,838.00	□ \$ 2,447.16	□ \$ 2,415.18	
ID (	Codes	Spring/Summer (J-)	Summer (S-)	Monthly (MX)	16 days (1-)
2	Spouse	□ \$ 1,130.28	□ \$ 490.50	□ \$ 162.17	□ \$ 85.30
3	One Child	□ \$ 1,130.28	□ \$ 490.50	□ \$ 162.17	□ \$ 85.30
4	Two or more Children	□ \$ 2,260.56	□ \$ 981.00	□ \$ 324.34	🛯 \$ 170.60
5	Spouse and Two or more Children	□ \$ 3,390.84	□ \$1,471.50	□ \$ 486.51	□ \$ 255.90

**INSURANCE PLAN PREMIUM:** The premium below is for the insurance coverage underwritten by UnitedHealthcare Insurance Company of New York and does not include additional fees charged to you to enroll in the Student Health Plan. Refer to the bullet(s) below the table for details on the fees added to the premium to equal the Total Plan Cost. Please remit the Total Plan Cost from the table above.

	Annual (A-)	Fall (F-)	Spring (G-)	
Spouse	\$ 1,943.62	\$ 814.72	\$ 804.08	
One Child	\$ 1,943.62	\$ 814.72	\$ 804.08	
Two or more Children	\$ 3,887.24	\$ 1,631.44	\$ 1,608.16	
Spouse and Two or more Children	\$ 5,830.86	\$ 2,444.16	\$ 2,412.24	
	Spring/Summer (J-)	Summer (S-)	Monthly (MX)	16 days (1-)
Spouse	\$ 1,128.90	\$ 489.90	\$ 161.97	\$ 85.20
One Child	\$ 1,128.90	\$ 489.90	\$ 161.97	\$ 85.20
Two or more Children	\$ 2,257.80	\$ 979.80	\$ 323.94	\$ 170.40
Spouse and Two or more Children	\$ 3,386.70	\$ 1,469.70	\$ 485.91	\$ 255.60

# Additional Fees: The fees are prorated for coverage periods other than annual.

• Annual Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.

# **EFFECTIVE/EXPIRATION PERIODS:**

Annual	8/15/2024	to	8/14/2025
Fall	8/15/2024	to	1/14/2025
Spring	1/15/2025	to	6/14/2025
Spring/Summer	1/15/2025	to	8/14/2025
Summer	5/15/2025	to	8/14/2025

# **EFFECTIVE AND TERMINATION DATES:**

Coverage will become effective on the date the Insurance Company receives the application and correct premium payment.

Monthly coverage expires 1 month following receipt of your premium or 8/14/2025, whichever is earlier.

**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 CALCULATE YOUR RATE:			
Rate x # of months eligible = amount due	Example: \$182.86 x 3 months = \$548.58			
CALCULATION FOR MONTHLY PREMIUM:				
Monthly premium: \$				
Multiply by # of months:				
Total premium enclosed: \$				
Payment Instructions: Make check or mon	ey order payable to UnitedHealthcare Student Resources in US dollars. Mail this			
enrollment form along with premium payme	nt to:			
UnitedHealthcare Student Resources				
PO Box 809026				
Dallas, TX 75380-9026.				
Very served at a start and it and tilling	is seen as he may interest and wat the state of a second set. The student is seen as side for			
•	is your only receipt and notification of coverage. The student is responsible for			
timely premium payments whether or not a	premium notice is received.			

# The State of New York requires UnitedHealthcare Insurance Company of New York to request the following information about the Donate Life Registry. You must fill out the following section.

Would you like to be added to the Donate Life Registry?

Check box for 'yes' or 'skip this question'. Yes □ Skip this question □

# NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator United HealthCare Civil Rights Grievance P.O. Box 30608 Salt Lake City, UTAH 84130 <u>UHC\_Civil\_Rights@uhc.com</u>

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

# LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

#### English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

#### Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

#### Amharic

የቋንቋ እርዳታ አንልግሎቶች በነጻ ይንኛሉ። እባከዎ ወደ 1-866-260-2723 ይደውሉ።

#### Arabic

تَتُوفَر لِكُ حَدْمات المساعدة اللغوية مجانًا. اتصل على الرقم 2723-260-1866.

## Armenian

Ձեզ մատչելի են անվճար լեզվական օգնության ծառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

## Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

# Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

## Bengali- Bangala

যোষণা : ভাষা সহায়তা পরিষেবা আগনি বিনামূল্যে পেতে পারেন। দয়া করে 1-866-260-2723-তে কল করুন।

## Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးစုံးပြုရှိ ဖုန်း 1-866-260-2723 ကိုခေါ်ပါ။

# Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។

# ญษฐมស័ព្ទទៅលេខ 1-866-260-2723។

## Cherokee

500h.960J O'OLOS3J O'OLOET h.9 RG600T60L.13T hlegg600 D4(0T. KG(0) Dh ØbW65 1-866-260-2723.

#### Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

#### Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla ho chi apela hinla. I paya 1-866-260-2723.

#### Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

# Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

SR LAP 64 (6-18)

#### French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

# French Creole- Haitian Creole

Gen sèvis éd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

# German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

#### Greek

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

#### Gujarati

ભાષા સહ્યય સેવાઓ તમારા માટે નિશલ્ક ઉપલબ્ધ છે. કૃપા કરીને

1-866-260-2723 પર કૉલ કરી.

#### Hawaiian

Kökua manuahi ma käu 'ölelo i loa'a 'ja. E kelepona i ka helu 1-866-260-2723.

## Hindi

आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया

1-866-260-2723 पर कॉल करें।

## Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

#### Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

#### Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

# Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

#### Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

## Japanese

無料の言語支援サービスをご利用いただけます。 1-866-260-2723 までお電話ください。

## Karen

າຊີວິກາຈະອາເພາະສາກັດຈະຄູງເສົາແອງຈະບາກາວດີວິບາງວິສຽບກວິ(ຮັດນັ)ຊູວິດນີ້. ອ້ວຍອາເລຍເດຊີບກວິ1-866-260-2723ຫາກຳ.

#### Korean

언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

#### Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

#### Kurdish Sorani

خۇمەتلەكلى بار مەتيى زمانى بەخۇر ايى بۇ تۇ دايين دەكراين. تكايە تەلەغۇن بكە بۇ رامار ھى 2723-266-1.66.

## Laotian

ມືບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່ຳໃຫ້ແກ່່ທ່ຳນ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

# Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.

त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

#### Marshallese

Kwomaroň bök jerbal in jipaň in kajin ilo ejjelok wönään. Jouj im kallok 1-866-260-2723.

# Micronesian- Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

#### Navajo

Saad bee åka'e'eyeed bee åka'nida'wo'igii t'áá jíik'eh bee nich'j' bee ná'ahoot'i'. T'áá shoodi kohji' 1-866-260-2723 hodiilnih.

#### Nepali

भाषा सहायता सेवाहरू निःश्ल्क उपलब्ध छन्। कृपया

1-866-260-2723 मा कल गर्नुहोस्।

#### Nilotic-Dinka

Kák é kuny ajuser é thok at5 tiné yin abac té cin wéu yeke thiééc. Yin col 1-866-260-2723.

#### Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

#### Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723

# Persian-Farsi

خدمات امداد زیانی به طور رایگان در اختیار شما می باشد. لطفآ با شمار ه 1272-266-166-1 تماس بگورید.

# Polish

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

# Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

## Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ

1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

#### Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

#### Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

#### Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

# Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

#### Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

#### Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

SR LAP 64 (6-18)

# Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

# Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

#### Syriac- Assyrian

#### Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

## Telugu

లాంగ్వేశ్ అసిస్టెంట్ సర్వీసిస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి.

దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

#### Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใข้จำ ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

#### **Tongan- Fakatonga**

'Oku 'i ai pë 'a e sëvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

#### Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

#### Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız

## Ukrainian

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

#### Urdu

زبان کے حر لیے سے معاونتی خدمات آپ کے لیے بلامعاوضہ دستیاب ہیں۔ براہ مربانی 2723-266-186 پر کال گریں،

#### Vietnamese

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dánh cho quý vị. Xin vui làng gọi 1-866-260-2723.

#### Yiddish

שפראך הילף סערוויסעס זענען איועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723

#### Yoruba

Isé irànlówó édè tí ó jé òfé, wà fún ó. Pe 1-866-260-2723.