



University of South Florida (902238160)

OUTBOUND U.S. ENROLLMENT FORM

PLEASE PRINT – ANSWER ALL QUESTIONS. YOUR APPLICATION WILL BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.

PERSONAL INFORMATION

Name of Participant: _____ Gender: ☐ M ☐ F Date of Birth: _____
(First Name) (Middle Name) (Last Name) MM DD YYYY

Mailing Address: _____
(Street) (Room/Apt. #) (City) (State) (Zip Code)

Home Phone: _____ Mobile Phone: _____ Email Address: _____

What is your Home Country?: _____ Student ID: _____

COVERAGE INFORMATION

I WISH TO ENROLL FOR INSURANCE UNDER THE TERMS OF THE MASTER POLICY AS FOLLOWS:

Coverage Type: ☐ Student ☐ Dependent If a dependent, name of USF Participant: _____

I want my coverage to begin on _____ and to end on _____
MM DD YYYY MM DD YYYY

Participant Rate \$ 1.42

Premium for Student/Dependent Member	\$	_____
Multiply by Days of Coverage	x	_____
Total Premium Enclosed:	\$	_____

Beneficiary Information for Accidental Death & Dismemberment Coverage

Participant's Beneficiary*: _____
(Name and Relationship)

*Note: The Participant will be the beneficiary for any insured dependent's loss of life

PAYMENT INFORMATION

REMITTANCES ACCEPTED IN U.S. FUNDS ONLY

METHOD OF PAYMENT: ☐ Check ☐ Money Order

If paying by credit card, please call the enrollment center at 1.800.732.5309 to provide this information and complete your enrollment.

I certify that the information on this Enrollment Form is true and correct to the best of my knowledge. I understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Signature of Participant: _____ Date _____

Make checks payable to "UnitedHealthcare Global" with this completed enrollment form to:

UnitedHealthcare Global, 8501 LaSalle Road, Suite 200, Baltimore, MD 21286 or e-mail to cmi_info@uhcglobal.com

The coverage will be effective at 12:01 A.M. on the day which is at least 24 hours after the time and date of the receipt of the enrollment form.