

CONDITIONS OF ENROLLMENT

(Keep this copy for your records)

By signing the enrollment form for health insurance I acknowledge the following:

ELIGIBILITY: I verify that I meet the eligibility requirements for this coverage as described in the plan summary and plan brochure. If the university or insurance company determines that eligibility requirements have not been met, then coverage will be canceled as never effective and premium refunded. Any claims in process will be considered ineligible.

MAILING ADDRESS: I understand that the insurance company uses the mailing address and e-mail I keep on file in DuckWeb Personal Information. It is my responsibility to maintain current address information on DuckWeb.

PREMIUM PAYMENT DEADLINE: It is my responsibility to pay the premium amount for any term I enroll for on or before the final date of open enrollment for that term. I understand if I have not paid my premium by the deadline, my health insurance coverage will be terminated.

Payment deadlines:	Fall Term	10/19/07
	Winter Term	1/25/08
	Spring Term	4/18/08
	Summer Term	7/11/08

I understand that if I am not registered for a term for which I have requested billing of the insurance premium on my tuition account, the premium charge will be deleted from my tuition account and my insurance coverage will be terminated if I have not contacted the Health Insurance Office by the final day of the open enrollment period.

CANCELING INSURANCE: It is my responsibility to inform the UO Health Insurance Office if I wish to cancel my health insurance purchase after I have submitted the premium payment. I understand that if I requested billing of the health insurance premium on my tuition account, it is my responsibility to inform the Health Insurance Office if I do not wish to continue my coverage. In either case, notification must be made by the last day of the open enrollment period for that term.

RELEASE OF INFORMATION: I hereby authorize UO Health Center to release demographic information, financial billing information and/or any information acquired in the course of my examination or treatment as is necessary in the processing of insurance claims and/or business or legal matters. I understand that this information may be routed through the mail system, via facsimile (fax) or electronically. I understand the information released under this authorization will be used for the purpose of evaluating and processing a claim for benefits and may include information about pre-existing conditions.

PREMIUM PAYMENT

Checks or money orders should be made payable to the University of Oregon.

You may mail or bring your form & payment to:

**UO Student Health Insurance
University Health Center
1232 University of Oregon
Eugene, OR 97403-1232**

Debit & credit cards are not accepted.

Your cancelled check is your receipt.