

2008-2009

UNIVERSITY OF OREGON
LAW STUDENT HEALTH INSURANCE ENROLLMENT FORM

Empty table with 4 columns for Last Name, First Name, University ID #, and Date of Birth.

Last Name

First Name

University ID #

Date of Birth

COVERAGE BEGINS: Coverage for students new to the plan begins on the date the application & payment are received in the UO Health Insurance Office but not before the beginning date of the open enrollment for any coverage period.

Indicate the coverage period that you would like to enroll and pay for at this time. Coverage will not extend beyond the termination date of the coverage period selected. Premiums are not pro-rated.

Table with 3 columns: Student Only, Period of Coverage, and Cost. Rows include Annual Basic Medical, Fall Semester Basic Medical, Spring/Summer Semester Basic Medical, Summer Semester Only Basic Medical, and Annual Catastrophic Coverage.

The catastrophic coverage can only be purchased in conjunction with the Basic Medical plan listed above.

[New enrollees for Spring or Summer Semester - Contact Insurance Office about eligibility to purchase catastrophic coverage.]

PREMIUM PAYMENT

Payment must accompany your enrollment form. If you purchase Fall Semester insurance, you may choose to have the Spring Semester premium billed on your tuition account if you are registered for classes.

Bill Spring Semester 2009 premium

RE-ENROLLMENT - This insurance plan is for a limited period of coverage. You will not receive a renewal notice. It is your responsibility to re-enroll to continue your insurance coverage and eligibility to receive benefits.

INSURANCE CARD will be mailed to your mailing address on file in DuckWeb unless you specify another address. This card is your permanent insurance card. Write your name and student ID number on the card.

By signing below I acknowledge the following: 1) that I have read the plan summary & brochure; 2) that I have read the Conditions of Enrollment form that follows this enrollment form & I agree to the conditions explained therein; 3) that I meet the eligibility requirements for this coverage (Enrolled for at least 3 credit hours for graduate students).

X Student signature Date Phone number

Table with 5 columns: OFFICE USE ONLY, Amount Paid, Semester Billing Spring, Catastrophic, Enrolled M, D, Date recd, Check #, Financial Aid pending, Renew, Card mailed/given.

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 semester I enroll for on or before the final date of open enrollment for that semester. I understand if I have not paid my premium by the deadline, my health insurance coverage will be terminated.

Payment deadlines:	Fall Semester	9/05/08
	Spring Semester	1/30/09
	Summer Semester	6/12/09

I understand that if I am not registered for a semester 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 semester.

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.