

UnitedHealthcare StudentResources

Enrollment Form

Tufts University Health Sciences Schools

<i>Office Use Only</i>		
Name of School/Program:	Class Year:	Effective Date of Coverage:
Type of Qualifying Event:		Qualifying Event Date:

Student Information (Required)			
Last Name:	First Name:	Middle Initial:	Student ID #:
Street Address:	Apt. #	City:	State: Zip Code:
Email Address:	Telephone #:	Sex M/F:	Date of Birth:
NEW ENROLLMENT: Type of Coverage <input type="checkbox"/> Individual <input type="checkbox"/> 2 Person <input type="checkbox"/> Family CHANGING CURRENT PLAN TO: <input type="checkbox"/> Individual <input type="checkbox"/> 2 Person <input type="checkbox"/> Family	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) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student is not eligible, the premium will be refunded. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.		

Dependent Information (If Applicable)			
Spouse (First Middle Last):	ADD REMOVE	Sex M/F:	Date of Birth:
Child/Dependent:	ADD REMOVE	Sex M/F:	Date of Birth:
Child/Dependent:	ADD REMOVE	Sex M/F:	Date of Birth:
Child/Dependent:	ADD REMOVE	Sex M/F:	Date of Birth:
Student Signature (Required):	Date:	SAHA Office Signature:	Date:

Return form to the SAHA Office by mail, fax or email to Cynthia.Linton@tufts.edu

Student Advisory and Health Administration Office

200 Harrison Avenue, Boston, MA 02111

Phone: 617-636-2701 - Fax: 617-636-2708 <https://medicine.tufts.edu/administration/SAHA>