

# UnitedHealthcare **StudentResources**

## Enrollment Form

Tufts University Health Sciences Schools

### Office Use Only

<b>School/Program:</b>	<b>Class Year:</b>	<b>Effective Date of Coverage:</b>
<b>Qualifying Event:</b>		<b>Qualifying Event Date:</b>

### Student Information - Use Only Black Ink

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Tufts Student ID #:</b>
<b>Street Address:</b>		<b>Apt/Unit</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Country:</b>
<b>Email Address:</b>	<b>Telephone #:</b>	<b>Sex M/F:</b>	<b>Date of Birth:</b>

**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) Student has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Student 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.**

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAHA Office Signature

\_\_\_\_\_  
Date

**Return form to the SAHA Office by email to [Cynthia.Linton@tufts.edu](mailto:Cynthia.Linton@tufts.edu)**

Student Advisory and Health Administration Office

200 Harrison Avenue, Boston, MA 02111

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