UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK ENROLLMENT FORM FOR DEPENDENTS

rocessor Date Stamp Received Here

STATE UNIVERSITY OF NEW YORK

2023-203415-41

PRIMARY INSURED COMPLETE INFORMATION						
LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:					MIDDLE INITIAL:
	TE OF BIRTH: SCHOO! ONTH/DAY/YEAR)				OOL ID	#:
PERMANENT U.S. ADDRESS: (HOUSE/BUILDIN	<u> </u>	AME)				
		· 				
CITY:		STATE:			ZIP C	ODE:
TELEPHONE #:		EMAIL AD	DRES	S:		
DEPENDENT INFORMATION Complete information below for dependents t	o he insured. Dene	ndent cove	rana	is only avai	ilahla f	or students insured under
the Plan (Please include a blank sheet for add	· · · · · · · · · · · · · · · · · · ·		rage	is offiny avai	iiabie i	or students modred under
SPOUSE:	GENDER:	MALE		DATE OF B (MONTH/DA		ıR)
First (Given) Name:	Middle Initial:			(Family) N		,
CHILD:	GENDER: MALE FEM	4A1 E -		DATE OF B		.D)
First (Given) Name:	Middle Initial:	IALE U		(Family) N		
CHILD:	GENDER:			DATE OF B		
	MALE FEM	1ALE 🗆		(MONTH/D/		IR)
First (Given) Name:	Middle Initial:		Last	(Family) N	Name:	
CHILD:	GENDER: MALE FEM	MALE 🗆		DATE OF B (MONTH/D/		ıR)
First (Given) Name:	Middle Initial:		Last	(Family) N	Name:	
CHILD:	GENDER:	1ALE 🗆		DATE OF B (MONTH/DA		NR)
First (Given) Name:	Middle Initial:	l: Last (Family) Nam		lame:		
NOTICE TO STUDENT: Coverage will be effect of the Company or the effective date of the coving signing, the student acknowledges the following as indicated on this enrollment form; 2) Rates a the eligibility requirements for this coverage as student is not eligible, the premium will be reframed forces. NOTICE: Any person who knowingly and with insurance or statement of claim containing any reconcerning any fact material thereto, commits penalty not to exceed five thousand dollars and	erage period, which p: 1) The student has re not pro-rated other described in the Counded. Premium will intent to defraud an materially false infor a fraudulent insurar	ever is late s carefully r er than as li ertificate of Il not be re by insurance mation, or once act, wh	r, unle ead th sted of Cove funde e come conce ich is	ess otherwine Certification this enrogerage; and dexcept for apany or otals for the particular a crime, a	ise state of Colliment 4) If it or ineligented the perpose and share state of the courpose of the course of	ted in the Master Policy. By overage and elects to enroll form; 3) The student meets is later determined that the gibility or entrance into the rson files an application for e of misleading, information all also be subject to a civil
Student's Signature:						Date:

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	mpus/School Attending: ease print name of Universit	y. Must be completed i	n order for applicatio	n to be processed.	
	I elect to purchase Injury choices I have made.	and Sickness insuranc	e coverage under the	e University's student	t insurance plan. Below are the
PI	EASE CHECK ALL APPROPR	IATE BOXES			
	SURED CATEGORY:	☐ International			
	AL PLAN COST: The Tota preakdown of the insurance				I fees. See the table below for
ID (Codes	Annual (A-)	Fall (F-)	Spring (G-)	
2	Spouse	□ \$ 2,320.00	□ \$ 969.84	□ \$ 963.50	
3	One Child	□ \$ 2,320.00	□ \$ 969.84	□ \$ 963.50	
4	Two or more Children	□ \$ 4,640.00	□ \$ 1,939.68	□ \$ 1,927.00	
5	Spouse and Two or more Children	□ \$ 6,960.00	□ \$ 2,909.52	□ \$ 2,890.50	
ID	Codes	Spring/Summer (J-)	Summer (S-)	Monthly (MX)	16 days (1-)
2	Spouse	□ \$ 1,350.16	□ \$ 583.17	□ \$ 193.33	□ \$ 101.42
3	One Child	□ \$ 1,350.16	□ \$ 583.17	□ \$ 193.33	□ \$ 101.42
4	Two or more Children	□ \$ 2,700.32	□ \$ 1,166.34	□ \$ 386.66	□ \$ 202.84
5	Spouse and Two or more Children	□ \$ 4,050.48	□ \$ 1,749.51	□ \$ 579.99	□ \$ 304.26
	INSURANCE PLAN PREM Insurance Company of Ne Plan. Refer to the bullet(s) Please remit the Total Pla	w York and does not in below the table for de	nclude additional fees stails on the fees adde	s charged to you to e	nroll in the Student Health
		Annual (A-)	Fall (F-)	Spring (G-)	
	Spouse	\$ 2,317.62	\$ 968.85	\$ 962.51	
	One Child	\$ 2,317.62	\$ 968.85	\$ 962.51	
	Two or more Children	\$ 4,635.24	\$ 1,937.70	\$ 1,925.02	
	Spouse and Two or more Children	\$ 6,952.86	\$ 2,906.55	\$ 2,887.53	
		Spring/Summer (J-)	Summer (S-)	Monthly (MX)	16 days (1-)
	Spouse	\$ 1,348.77	\$ 582.57	\$ 193.13	\$ 101.32

Additional Fees: The fees are prorated for coverage periods other than annual.

\$ 1,348.77

\$ 2,697.54

One Child

Children

Two or more Children

Spouse and Two or more \$4,046.31

Annual Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.

\$ 582.57

\$ 1,165.14

\$ 1,747.71

\$ 193.13

\$ 386.26

\$ 579.39

\$ 101.32

\$ 202.64

\$ 303.96

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	EFFECTIVE/EXPIRATION PERIODS:
	☐ Annual 8/15/2023 to 8/14/2024
	☐ Fall 8/15/2023 to 1/14/2024
	☐ Spring 1/15/2024 to 6/14/2024
	☐ Spring/Summer 1/15/2024 to 8/14/2024
	☐ Summer 5/15/2024 to 8/14/2024
	EFFECTIVE AND TERMINATION DATES: Coverage will become effective on the date the Insurance Company receives the application and correct premium payment Monthly coverage expires 1 month following receipt of your premium or 8/14/2024, whichever is earlier.
	Please Note: If application and correct premium are received after this requested effective date, your effective date will be the date application and correct premium are received. Requested Effective Date:/
I	TO CALCULATE YOUR RATE:
	Rate x # of months eligible = amount due Example: \$193.33 x 3 months = \$579.99
	CALCULATION FOR MONTHLY PREMIUM:
	Monthly premium: \$
	Multiply by # of months:
	Total premium enclosed: \$
	Payment Instructions: Make check or money order payable to UnitedHealthcare Student Resources in US dollars. Mail this enrollment form along with premium payment to:
	UnitedHealthcare Student Resources PO Box 809026
	Dallas, TX 75380-9026.
	Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible fo timely premium payments whether or not a premium notice is received.
	The State of New York requires UnitedHealthcare Insurance Company of New York to request the following information about the Donate Life Registry. You must fill out the following section.
	Would you like to be added to the Donate Life Registry?
	Check box for 'yes' or 'skip this question'. Yes □ Skip this question □

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NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC Civil Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free **1-800-368-1019**, **800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

የቋንቋ አርዳታ አባልግሎዮች በነጻ ይገኛሉ። አባክዎ ወደ 1-866-260-2723 ይደውሉ።

Arabic

تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 2723-260-866-1.

Armenian

Ձեզ մատչելի են անվՃար լեզվական օգնության ծառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan-Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্য পেতে পারেন। দ্য়া করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ် ပါ။

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។

សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

\$የጋኬቃውJ OʻOLOSIJ OʻOLOET ኬቃ RGGʻOʻTOʻLJIT ኬLEGGʻOʻO D4¢OT. IG¢O Dh ØbWoʻS 1-866-260-2723.

Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla hochi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole- Haitian Creole

Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greel

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati

ભાષા સહ્યય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર ક્રૉલ કરો.

Hawaiian

Kōkua manuahi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

Hindi

आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesiar

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

Italiar

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanese

無料の言語支援サービスをご利用いただけます。 1-866-260-2723 までお電話ください。

Karen

ကျိန်တာမ်း စေးအင်္ဂါနမ်း နှုံးဆီးသူဝဲလာတလိုန်ဟုန်အပူးဘန်(ခီလီ) နှန်လီး. ဝံသးရွားဆုံးကျိုးဘန် 1-866-260-2723တက္ကာ်.

Korean

언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتەكاتى يارمەتيى زمانى بەخۆر ايى بۆ تۆ دابين دەكريّن. تكايە تەلمەقۇن بكە بۆ ژمار دى 2723-660-866-1.

Laotia

ມືບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່ຳໃຫ້ແກ່່ທ່ຳນ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wōṇāān. Jouj im kallok 1-866-260-2723.

Micronesian-Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'į' bee ná'ahoot'i'. T'áá shoodí kohjį' 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Käk ë kuny ajuser ë thok atö tinë yin abac të cin wëu yeke thiëëc. Yin col 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 2723-260-1-1866 تماس بگیرید.

Polish

Możesz skorzystać z bezplatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

Puniabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ

1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maaɗa. Noodu 1-866-260-2723.

Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

Syriac- Assyrian

چەچەقتلات دەنبەتلى داغتى، ئەختىكى، ئەختىرە، تەبلىر ھەتچە كىلىمەن . كىنبىدەمەپ . مەنى خلا مەستىكە 2723-1866-1.

Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugi

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి. దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข

1-866-260-2733

Tongan-Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

Ukrainian

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu

Vietnamese

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723

Yoruba

Isé ìrànlówó èdè tí ó jé òfé, wà fún ó. Pe 1-866-260-2723.