UNIVERSITY of NORTHERN COLORADO

ACE American Insurance Company
2011-2012 Student Health Insurance Plan
Optional Intercollegiate Sports Enrollment Form

STUDENT HEALTH INSURANCE OFFICE
CASSIDY HALL – CAMPUS BOX 46
GREELEY, COLORADO 80639
(970) 351-1915 FAX: (970) 351-3234

Enrollment Period		Premium Amount	
❑ Fall Semester	08/01//2011 through 01/05/2012	Student only	❑ $ 700.00
❑ Spring/Summer Semester	01/06/2012 through 07/31/2012	Student only	❑ $ 700.00

The cost includes a $72 administrative fee retained by the University.

Student Name:_____ Bear#:_____

Date of Birth:_____ Gender: _____ Male _____ Female SSN#:_____

Address:_____
Street City State Zip

Telephone Number: (_____)_____ Sport:_____

Intercollegiate student athletes at the University of Northern Colorado may obtain this optional benefit to cover Injuries that occur while participating in an intercollegiate sport. This coverage is for Injuries only and requires an additional premium of $1,400.00 annually or $700.00 per semester. You must be enrolled in the University of Northern Colorado Student Health Insurance Plan to be eligible for this coverage.

To enroll, please provide the following information.

- A signed copy of this enrollment form
- Payment by cashier's check, money order, or credit card, payable to **ACE American Insurance Company or credit card to UNC** in the amount of $1,400.00 for Annual or $700.00 per Semester.
- Proof of player status on an official UNC intercollegiate sports team.

This benefit will be paid as any other Covered Accident subject to a separate $150 per Covered Accident Deductible and a maximum payment of $5,000 per Covered Accident.

_____ _____
Signature of Student Date

For Office Use Only: Comments: _____

_____

_____

Date Entered:_____ Flag Changed:_____
Entered By:_____ Eligibility:_____ Update: _____
E-Mail Sent to Student:_____ Letter: _____
Benefits Book:_____ Medicat:_____ Scanned:_____ # of hours:_____