UNIVERSITY of NORTHERN COLORADO

UniCare Life & Health Insurance Company
2009-2010 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	
☐ Annual	08/01/2009-07/31/2010	Student only	☐	$1,318.00
☐ Fall Semester	08/01/2009-01/05/2010	Student only	☐	$ 659.00
☐ Spring/Summer Semester	01/06/2010-07/31/2010	Student only	☐	$ 659.00

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 $1,318.00 annually or $659.00 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 application
- Payment by cashier's check, money order, or credit card, payable to UniCare Life & Health Insurance Company or credit card to UNC in the amount of $1,318.00 for Annual or $659.00 per Semester.
- Proof of player status on an official UNC intercollegiate sports team.

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

_____ _____
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:_____