



Connecticut General Life Insurance Company
2010-2011 Student Health Insurance Plan
Re-Enrollment Form

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

ENROLLMENT PERIOD: [ ] Fall Semester 2010
[ ] Spring Semester 2011
[ ] Summer Session 2011

Student Name: \_\_\_\_\_ Bear#: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female SSN#: \_\_\_\_\_
Address: \_\_\_\_\_
Street City State Zip
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Eligibility Requirement: All students enrolled in at least nine (9) semester hours of classes and all international students are eligible to participate in this plan by completing this form.

I request re-enrollment in the UNC Student Health Insurance Plan after having submitted a "Request for Exemption for Student Health Insurance" form.

I understand that the provisions and exclusions of the UNC Student Health Insurance Policy apply to me.

I understand that if coverage is requested during the semester (not at the beginning of the semester), I will be required to document proof that I became ineligible for coverage under an employer-sponsored group Health insurance plan in the 30 days immediately preceding my application for coverage under the UNC Plan.

I understand I will be billed \$ \_\_\_\_\_ for the insurance coverage and it will be in effect beginning \_\_\_\_\_ and ending \_\_\_\_\_.

I understand that if a re-enrollment is granted, I will be required to participate in the program for the remainder of the policy year while enrolled for 9 credit hours or more.

I understand that the Company maintains its right to investigate student status and attendance records to verify that the Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

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: \_\_\_\_\_