

**KANSAS BOARD OF REGENTS STATE UNIVERSITIES
GTA/GRA CONTINUATION INSURANCE ENROLLMENT FORM**

**UNITEDHEALTHCARE INSURANCE COMPANY
2009-2010**

(PLEASE PRINT)

Student's Name _____ / _____ / _____
Last First MI

Male Female

Permanent US Address _____
Street or PO Box City State Zip

Social Security # _____ Date of Birth _____ Phone # (____) _____

Expected Graduation Date: Month _____ Year _____ E-Mail Address: _____

List Dependents to be insured below. Dependent coverage is available only if the student is also insured under this plan.

Last Name	First Name	MI	Date of Birth	Social Security #
Spouse: _____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____

Payment Instructions: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium payment to UnitedHealthcare **StudentResources**, P.O. Box 809026, Dallas, TX 75380-9026. Your cancelled check or credit card billing is your only receipt and notification of coverage.

CHARGE CARD AUTHORIZATION
CHARGE FULL AMOUNT \$ _____ EXP DATE _____ / _____
VISA/MASTERCARD # _____
SIGNATURE OF CARDHOLDER _____

PLEASE CHECK ALL APPROPRIATE BOXES:

INSURED CATEGORY: CONTINUATION GTA/GRA

LOCATIONS - Please check the school you attend:

- | | | | |
|---|------------|--|-------------|
| <input type="checkbox"/> Emporia State University | 2009-197-3 | <input type="checkbox"/> Fort Hays State University | 2009-2005-3 |
| <input type="checkbox"/> Kansas State University | 2009-470-3 | <input type="checkbox"/> Pittsburg State University | 2009-2009-3 |
| <input type="checkbox"/> University of Kansas | 2009-471-3 | <input type="checkbox"/> University of Kansas Medical Center | 2009-2070-3 |
| <input type="checkbox"/> Wichita State University | 2009-180-3 | | |

Continuation

- | | |
|----------------|-----------------------------------|
| G Student | <input type="checkbox"/> \$ 78.00 |
| H Spouse | <input type="checkbox"/> \$326.00 |
| I All Children | <input type="checkbox"/> \$280.00 |

Monthly premium amount \$ _____ X _____ months of coverage
of Months

= Total Premium Enclosed _____

PERIODS:

Annual 08-01-2009 to 07-31-2010

ELIGIBILITY REQUIREMENT: Insureds may pay for continuing coverage for a maximum of up to 18 months due to loss of appointment. There are certain instances that may permit an insured to receive a maximum of 36 months coverage. The Insured has a right to choose to continue benefits as long as the school maintains a plan with our Company. The Insured must exercise this right within 60 days of termination by calling UnitedHealthcare **StudentResources** at 1-888 344-6104. Upon request a Certificate of prior creditable coverage will be provided when an employee or their dependent ceases to be covered under this policy.

The Insured must exercise this right within 60 days of termination. Application and full premium must be received within 60 days after your expiration date under the student plan from which continuation is allowed. If you do not enroll within 60 days, you are no longer eligible for coverage.

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. It is the student's responsibility for timely renewal payments. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated other than as listed on this enrollment form; 3) He/She meets the eligibility requirements for this coverage as described above; 4) If it is later determined that the student is not eligible, the premium will be refunded; and 5) Other than Eligibility, the premium is not refundable.

Signature of Student _____ Date _____