UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK ENROLLMENT FORM FOR DEPENDENTS

Processor Date Stamp Rece	ived Here

STATE UNIVERSITY OF NEW YORK

2024-203415-41

	TE ONIVERSITI				2024-203413-41
PRIMARY INSURED COMPLETE INFORMATION	ON BELOW FOR STU	JDENT.			
LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:			MIDDLE INITIAL:	
	E OF BIRTH: SCHOO			SCHOOL	ID #:
PERMANENT U.S. ADDRESS: (HOUSE/BUILDING		AME)			
CITY:		STATE:		710	CODE:
CITY:		STATE:		ZIP	CODE:
TELEPHONE #:	EMAIL ADDRESS		DRESS:		
DEPENDENT INFORMATION Complete information below for dependents to			rage is c	nly available	e for students insured under
the Plan (Please include a blank sheet for add SPOUSE:	ditional dependents) GENDER:).	I DA	TE OF BIRTH	
	□ MALE □ FEN	MALE 🗆		ONTH/DAY/Y	
First (Given) Name:	Middle Initial:		Last (F	amily) Name	:
	 GENDER: □ MALE □ FEN	MALE		TE OF BIRTH ONTH/DAY/YI	
First (Given) Name:	Middle Initial:		,	amily) Name	,
	_ GENDER: □ MALE □ FEN	MALF		TE OF BIRTH ONTH/DAY/YI	
First (Given) Name:	Middle Initial:			amily) Name	•
	_ GENDER: □ MALE □ FEN	MALE 🗆		TE OF BIRTH ONTH/DAY/YI	
First (Given) Name:	Middle Initial:		Last (F	amily) Name	2:
	GENDER:	MALE 🗆		TE OF BIRTH ONTH/DAY/YI	
First (Given) Name:	Middle Initial:		Last (Family) Name:		
NOTICE TO STUDENT: Coverage will be effect of the Company or the effective date of the cove signing, the student acknowledges the following as indicated on this enrollment form; 2) Rates at the eligibility requirements for this coverage as student is not eligible, the premium will be refurant 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 (1) The student has re not pro-rated other described in the Counded. Premium with the to defraud an materially false infor a fraudulent insural	ever is late s carefully re er than as li ertificate of Il not be re my insurance mation, or once act, wh	r, unless ead the 0 sted on t Coveraç funded e compa conceals ich is a	otherwise something of the control o	tated in the Master Policy. By Coverage and elects to enroll nt form; 3) The student meets it is later determined that the eligibility or entrance into the person files an application for use of misleading, information shall also be subject to a civil
Student's Signature:					Date:

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	mpus/School Attending: ase print name of Universit	y. Must be completed i	n order for application	to be processed.	
	I elect to purchase Injury choices I have made.	and Sickness insuranc	e coverage under the	University's student ir	nsurance plan. Below are the
PLE	ASE CHECK ALL APPROPR	IATE BOXES.			
	URED CATEGORY:	☐ International			
TOT.	AL PLAN COST: The Tota reakdown of the insurance	al Cost of the plan inclu premium and fees. <u>Ple</u>	des the insurance pre	mium and additional for Plan Cost.	ees. See the table below for
ID C	odes	Annual (A-)	Fall (F-)	Spring (G-)	
2	Spouse	□ \$ 1,946.00	□ \$815.72	□ \$ 805.06	
3	One Child	□ \$ 1,946.00	□ \$815.72	□ \$ 805.06	
4	Two or more Children	□ \$ 3,892.00	□ \$ 1,631.44	□ \$ 1,610.12	
5	Spouse and Two or more Children	□ \$ 5,838.00	□ \$ 2,447.16	□ \$ 2,415.18	
ID C	Codes	Spring/Summer (J-)	Summer (S-)	Monthly (MX)	16 days (1-)
2	Spouse	□ \$ 1,130.28	□ \$ 490.50 [°]	□ \$ 162.17	□ \$ 85.30
3	One Child	□ \$ 1,130.28	□ \$ 490.50	□ \$ 162.17	□ \$ 85.30
4	Two or more Children	□ \$ 2,260.56	□ \$ 981.00	□ \$ 324.34	□ \$ 170.60
5	Spouse and Two or more Children	□ \$ 3,390.84	□ \$ 1,471.50	□ \$ 486.51	□ \$ 255.90
	INSURANCE PLAN PREMINSURANCE Company of Ne Plan. Refer to the bullet(s) Please remit the Total Plan	w York and does not ir) below the table for de	nclude additional fees tails on the fees adde	charged to you to enro	oll in the Student Health
		Annual (A-)	Fall (F-)	Spring (G-)	
	Spouse	\$ 1,943.62	\$ 814.72	\$ 804.08	
	One Child	\$ 1,943.62	\$ 814.72	\$ 804.08	
	Two or more Children	\$ 3,887.24	\$ 1,629.44	\$ 1,608.16	
	Spouse and Two or more Children	\$ 5,830.86	\$ 2,444.16	\$ 2,412.24	
		Spring/Summer (J-)	Summer (S-)	Monthly (MX)	16 days (1-)
	Spouse	\$ 1,128.90	\$ 489.90	\$ 161.97	\$ 85.20
	One Child	\$ 1,128.90	\$ 489.90	\$ 161.97	\$ 85.20

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

\$ 2,257.80

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

\$ 979.80

\$ 1,469.70

\$ 323.94

\$ 485.91

\$ 170.40

\$ 255.60

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Two or more Children

Children

Spouse and Two or more \$ 3,386.70

EFFECTIVE/EXPIRATION PERIODS:				
☐ Annual 8/15/2024 to 8/14/2025				
☐ Fall 8/15/2024 to 1/14/2025				
☐ Spring 1/15/2025 to 6/14/2025				
☐ Spring/Summer 1/15/2025 to 8/14/2025				
☐ Summer 5/15/2025 to 8/14/2025				
EFFECTIVE AND TERMINATION DATES:				
Coverage will become effective on the date the Insurance Company receives the appl	ication and correct premium payment.			
Monthly coverage expires 1 month following receipt of your premium or 8/14/2025, when the second sec	nichever is earlier.			
Please Note: If application and correct premium are received after this requested eff	ective date your effective date will be			
the date application and correct premium are received after this requested effective Date:	•			
TO CALCULATE YOUR RATE:				
Rate x # of months eligible = amount due	91			
CALCULATION FOR MONTHLY PREMIUM:				
Monthly premium: \$				
Multiply by # of months:				
Total premium enclosed: \$				
Total promisin onologou: <u> </u>				
Payment Instructions: Make check or money order payable to UnitedHealthcare Stud	lent 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 cov	erage. The student is responsible for			
timely premium payments whether or not a premium notice is received.				
The State of New York requires UnitedHealthcare Insurance Company of N				
information about the Donate Life Registry. You must fill out the following section.				
- ,				
Would you like to be added to the Donate Life Registry?				

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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: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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 አርዲታ አንልማሎኖች በንጻ ይንኛሉ። አባከዎ ወደ 1-866-260-2723 ይደውሉ።

Arabic

تتوفر الله خدمات المساعدة اللغوية مجاتًا. انسل على الرقم 2723-260-1-866.

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.

Bisavan-Visavan (Cebuano)

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

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্য পেতে পারেন। দ্যা 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

\$\text{SQL}\text{360.1} \text{OPL\text{365.1} \text{OPL\text{OPL\text{OPLT} IL-3 RG6\text{OPL} IAT htegger D4\text{OPL} \text{RG\text{OPL} OPL\text{OPL} OPL\text{OPLT} IA 0 D4\text{OPLT} \text{OPL\text{OPLT} OPL\text{OPL} IA 0 D4\text{OPLT} \text{OPLT} \text

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 ho chi 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 éd 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.

Greek

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

Gujarat

ભાષા સહ્યય સેવાઓ તમારા માટે નિ શુલ્ક ઉપલબ્ધ છે. કૂપા 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.

Indonesian

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

Italian

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

ကြိုင်တမ်းဗေးအကိန်မျှန်းဆီးသူဗဲလာတလိုခဲ့ဟုခဲ့အပူးဘခို(စီလီ)နှင့်လီး.. စံသဗူးဆုံးကျိုးဘခို 1-866-260-2723တကုန်.

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

خز مەتەككى يار مەتىي زمانى بەخۇر ايى بۇ تۇ دابين دەكرىن تكايە تەلەفۇن بكە بۇ راسار سى 2723-1866-1.

Laotia

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່ຳໃຫ້ແກ່່ທ່ຳນ. ກະລຸນາໂທຫາເປີ 1-866-260-2723.

Marathi

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

Marshallese

Kwomaroň bők jerbal in jipaň in kajin ilo ejjelok wönään. 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'nida'wo'igii t'áá jiik'eh bee nich'j' bee ná'ahoot'i'. T'áá shoodi kohji' 1-866-260-2723 hodiilnih.

Nepali

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

Nilotic-Dinka

Kak ê kuny ajuser ê thok at5 tînê yîn abac tê cin wêu yeke thiêêc. Yîn 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 زیاتی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 1-866-260-2723 نماس بگیرید.

Polish

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

Portuguese

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

Punjab

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 le 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 maada. 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

Tagalog

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

Telugu

లాంగ్వేత్ 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

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

Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلامعاوضہ دستیاب ہیں۔ عرام میر بانی 1-866-260-2723 پر کال کریں،

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 איועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723.

Yoruba

Isé irànlówó édè ti ó je ófé, wà fún ó. Pe 1-866-260-2723.