

University of Illinois at Springfield 2010 Summer Enrollment Form

In order to enroll you must complete steps 1 through 5!

1. Complete all Student information. Incomplete information will delay processing.

Student Name: _____
Last Name First Name MI

Student ID# (UIN) _____ UIS Email: _____

Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth _____ Sex: Male Female
mm/dd/yyyy

2. List Dependents to be insured. Dependent coverage is only available if the student is covered.

Dependent Last Name, First Name, DOB, Social Security Number, Male/Female

Spouse
Child
Child
Child

3. Select Enrollment Option(s)

	SUMMER SEMESTER
6/1/10 - 8/15/10 Application Deadline: 6/15/10	
1. Student	<input type="checkbox"/> \$150
2. Spouse	<input type="checkbox"/> \$369
3. Child	<input type="checkbox"/> \$222
TOTAL PAYMENT: \$	

4. Payment Method.

Make check or money order payable to **University of Illinois – Springfield**.
 Remit form and payment to the **USFSCO Cashier’s Office, PAC 184**

5. Notice to Student (Signature required)

I have carefully read the brochure and elect to enroll myself as indicated. Rates are not pro-rated other than as listed. I permit UIS to provide **United Healthcare** with my enrollment status for purposes of eligibility under this plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that the student is not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility. Enrollment Guidelines: If the application is postmarked on or prior to the deadline the coverage is retro-active to the appropriate effective date. If the application and premium is received after the deadline, the application will not be processed and will be returned. Under no circumstances will applications for coverage be accepted after the enrollment deadline date.

Signature: _____ Date: _____

**MAIL TO: USFSCO Cashier’s Office, University of Illinois Springfield,
 One University Plaza MS PAC 184, Springfield, IL 62703-5407**

Deposit to: 4-301043-236000-301504-236023