

2011-2012 Health Insurance Enrollment Form

Waiver Form on other side

Please respond as soon as possible.

Secure online submission available at www.hulseqm.com/myinsurance.

Credit card payment required when enrolling online

ID: Last name first initial of the student entered without spaces

Password: Last 5 Digits of the Cal U student ID

All Students Must Submit Enrollment or Waiver Information.

- Completion of the Health Center documentation does not satisfy this requirement. You must submit your enrollment or waiver either via this form or the website listed above.
- If you do not take action by 9/30/11, a hold will be placed on your student account, preventing you from registering for future classes, viewing your grades and/or graduating. Waivers requested after 9/30/11 will incur a financial penalty of at least \$113.00.

ENROLLMENT

YES - I accept the California University-sponsored Accident and Health Plan. I acknowledge that submitting this information prior to the deadline will EXPEDITE the processing and receipt of my insurance ID card.

Effective dates: 08/01/2011- 08/01/2012

Cost of Insurance: \$1,745.00

Installment 1 \$929 due with enrollment

Installment 2 \$816 charged on 1/11/12 to same credit card or invoiced if paying initial installment via check.

Includes all administrative fees. Dependent spouse or dependent children may be added for an additional cost. Call 800-434-5320 to enroll dependents.

Payment by check or credit card is required when submitting this form. Make check payable to **QM Services Inc.** Do not include with tuition payment.

If paying by credit card, the second installment amount will be automatically charged to your credit card on 1/11/12.

Required Information: (please print)

Student Name (First, MI, Last) _____

Campus Wide Student ID _____

Student Cal U Email _____

Student Cell Phone _____

Student SSN _____ Student Date of Birth _____ Gender M F

Credit Card Type: Visa Mastercard Discover
Please circle one.

Credit Card Number _____ Credit Card Expiration Date _____ CVC2 Number _____

Name on Credit Card _____

Billing Address _____ City _____ State _____ Zip _____

Billing phone number _____ Billing email address _____

Please provide preferred mailing address for all health insurance communication. Enrollment packet with ID card will be received 2-3 weeks after enrollment.

Address _____ City _____ State _____ Zip _____

Insurance fraud is a crime and is subject to criminal and civil penalties. Any person who knowingly and with intent to defraud, files an application for insurance or statement of claim against an insurance policy, any insurance company or other person, is committing insurance fraud. Providing statements during the application and/or claims process that contain any materially false information, or concealing information for the purpose of misleading, including omitting any materials facts, is considered a fraudulent insurance act.

Signature _____ Date _____

Title IV Authorization

I authorize California University to deduct the student health insurance charge from any Federal Title IV aid awarded to me for the 2011-2012 academic year. Federal Title IV aid consists of Pell Grant, SEOG, ACGS, SMART, TEACH, Perkins Loan, Stafford Loan, and PLUS Loan. The aid will be applied to current charges (tuition, fees, room and/or board costs). Any other financial aid that I may be eligible to receive for the semester will be applied in the same order as Federal Title IV aid.

By Signing here, I agree to the conditions in the Title IV Authorization section. (Only sign in this section if using Financial aid to pay for the insurance.)

Signature _____ Date _____

There is no obligation to purchase this insurance, however this does not release you from the obligation of complying with Cal U's student health insurance requirement. You may purchase other private group health insurance comparable to this plan for waiver purposes.

Please submit Enrollment or Waiver information at www.hulseqm.com/myinsurance or return this form to:

Student Insurance Administration
P. O. Box 2363 * Mechanicsburg, PA 17055
Fax: 717-591-2093 Phone: 1-800-434-5320
Email: university@hulseqm.com

2011-2012 Health Insurance Waiver Form

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WAIVER

NO - I do not want the school-sponsored insurance. I am providing proof of comparable coverage by a private health insurance plan and I have confirmed that my plan will cover my medical expenses while at school.

Required Information:

Student Name (First, MI, Last) _____

Campus Wide Student ID _____

Student Cal U Email _____

Student Cell Phone number _____

Name of Insurance Company _____

Subscriber's Name _____

Member ID _____

Group # _____

Member Service Phone # _____

Found on card.

Preauthorization Phone # _____

Found on card

Is there Prescription Coverage? Yes No

Please check the medical services for which your plan requires pre-approval.

____ Lab Work ____ Referral to Specialist ____ Emergency Dept. Visit ____ Diagnostic Services, including MRI, CT, XRAY

Claims Address listed on card _____

City _____ State _____ Zip _____

Please be aware that your submission may be selected for audit verification. Submission of false information will be considered a violation under the University Student Code of Conduct and will be handled accordingly.

I hereby waive rights to the benefits of the California University-sponsored health insurance program. If the Insurance Company specified on this form fails to pay, I understand that I will be solely responsible for all medical expenses.

I understand it is my responsibility to notify the school if I lose my health insurance coverage or my coverage changes at anytime throughout the school year. Failure to notify the school of my loss of coverage may result in a hold being applied to my student record which will prevent me from obtaining my grades, registering for classes and/or graduating until I satisfy the insurance requirement.

Signature _____ Date _____

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