

University of New Mexico
2009/2010 Accident & Sickness Health Insurance Plan A & Plan B

Administrator Policy Number: AMH0058670 Underwriter Reference Number: CAS9710516
 National Union Fire Insurance Company of Pittsburgh, Pa.

PLAN SELECTION INFORMATION: You have a choice of Plans: Plan A is recommended, because the benefits are more comprehensive and the deductible is more affordable than Plan B. We urge you to compare the options presented in the benefit booklet, because ***you must make a plan choice prior to the enrollment deadline of 21 days from the Policy Effective Date.*** A Covered Person will neither be allowed to change from Plan B to Plan A during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan A. ***Complete Steps 1-5 to enroll.***

1. Complete the following Student Information to enroll.

Student Name: _____ Date of Birth: _____
Last First MI

Student ID #: _____ Email Address: _____ Phone #: _____

U.S. Mailing Address: _____ Gender: Female ___ Male ___
Street City State Zip

Provide International Visa Type (if applicable) _____

2. Signature: "I read the brochure regarding the Student Health Insurance Plans and elect to enroll myself as shown below. I understand that any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Signature of Student: _____ Date Signed: _____

3. Campus you attend: Albuquerque Westside Valencia Taos Los Alamos Gallup Santa Fe Number of credit hours: _____

4. Select Weekly Enrollment Period for Basic Plan A or Plan B.

	WEEK 1	WEEK 2	WEEK 3
Basic Plan A			
Payment and Coverage Period Options	12-29-09 to 1-4-10	1-5-10 to 1-11-10	1-12-10 to 1-18-10
Student Only	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
Basic Plan B			
Payment and Coverage Period Options			
Student Only	<input type="checkbox"/> \$17	<input type="checkbox"/> \$17	<input type="checkbox"/> \$17

Add coverages selected: Week 1 \$ _____ + Week 2 \$ _____ + Week 3 \$ _____ = Total Due \$ _____

Premium is not prorated other than as listed above. *No enrollment form will be accepted beyond 21 days from the effective date of each coverage period.*

5. Designate Payment Method: Make check or money order made payable to "National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC)" or complete charge card (Visa or MasterCard) authorization information and mail with complete enrollment to: Maksin Management Corp., P.O. Box 2567, Spring, Texas 77383-2567.

Complete if paying by Visa/MasterCard & mail to above address: Charge Card Authorization: Visa MasterCard

Card No.: _____ Charge this amount: \$ _____ Expiration Date: _____

Signature of Cardholder _____

(Print) Name of Cardholder _____

This form may be mailed or faxed to:

P.O. Box 2567
 Spring, TX 77383-2567

FAX: 281-651-8808

IMPORTANT: To continue coverage under the 2009/2010 Student Health Insurance Plan enrollment may be made at www.macori.com/UNM, enrollment forms and payment may be dropped off at UNM Student Health and Counseling and/or enrollment forms and payments may be mailed directly to the address listed above. Continued coverage must be for the same plan as the weekly option selected.