University of Northern Iowa
Student Insurance Form

Application for ___ Enrollment ___ Add dependent (*to student's existing plan)*
___ Drop Coverage due to Qualifying Event for: _____ Self ____ Dependent
Name of Dependent:_____

Qualifying Event ___ New Student ____ New Semester
___ Loss of Coverage ___ Birth ___ Marriage ___ Arriving in US ___ Departing the US/Not returning
___ Newly eligible for other coverage Other _____

Date of Qualifying Event _____ ***Please provide proof of the qualifying event***

*Please check if you want Health Insurance and/or Dental Insurance **and** level of coverage*

☐ **Health Insurance** ☐ Self ☐ Self & Spouse (Sp)/Domestic Partner (DP) ☐ Self & Child(ren) ☐ Self, Sp/DP & Child(ren)
☐ Drop with a Qualifying Event

☐ **Dental Insurance** ☐ Self ☐ Self & Spouse (Sp)/Domestic Partner (DP) ☐ Self & Child(ren) ☐ Self, Sp/DP & Child(ren)
*** Drop - dental *insurance cannot be dropped during the plan year***

University ID Number _____ **Social Security Number**_____
Last Name _____ **First Name**_____
Address during plan year _____
Date of Birth *(month/day/year)* _____ Gender ____ Male ____ Female

Please select : ___ **1 billing at beginning of each semester**
Premium billed to University bill

___ **4 monthly billing installments per semester**
Premiums billed to University bill in 4 installments

List All Covered Dependents: *Complete this section only if you are covering your spouse, domestic partner or child(ren).*

** Declaration of Domestic Relationship must be completed when adding a spouse/domestic partner.*

	Social Security Number or indicate Foreign National *(FN)*	**Name** *(Last, First, Middle Initial)*	**Birth Date** *(month/day/year)*	gender M/F	Health	Dental
Spouse/Partner*						
Child						
Child						
Child						

Disclosure of your social security number (SSN) is requested from you in order for the University of Northern Iowa (UNI) to administer benefits. The IRS requires Wellmark Blue Cross & Blue Shield to report and send the information needed to complete federal tax returns using the Social Security number or tax identification number of the plan member and each dependent. Federal and State law protects the privacy and security of your SSN and UNI will not disclose your SSN without your consent for any other purposes except as allowed by law.

Agreement/Certifications:

I certify that I am legally authorized to apply for coverage for myself and for all other persons named in this application. I understand that I am making application for coverage through the University of Northern Iowa and sponsored by Iowa State University, underwritten by Wellmark Blue Cross and Blue Shield & Delta Dental of Iowa.

I certify that, after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct, to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Insurance Companies will rely upon the completeness and truthfulness of the information given and the statements made, and that if I have made any false statements or misrepresentations, or have failed to disclose or have concealed any material fact, the Insurance Companies will be entitled to declare this contract applied for void, and to refuse allowance of benefits to any person thereunder.

I authorize any health care & dental provider to release Health records to Wellmark Blue Cross & Blue Shield Life Insurance Company or Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of Health records, I will give this authorization.

Your signature authorizes UNI to add the Health and/or Dental Premiums to your university fees.

Signature_____ Date _____

Return completed form to: UNI Student Health Clinic, 1227 W 27th Street, Cedar Falls IA 50614-0221 Fax: 319.273.7030
Direct questions to SHIP office phone: 319-273-7736

Office Use Only QE Verified ____ Class Credits _____
Refunds: UNI OBO _____ Amt _____