Underwritten by United HealthCare Insurance Company
UNIVERSITY OF MIAMI SCHOLAR/STUDENT/OBSERVER HEALTH INSURANCE PLAN
2015-2016 SCHOLAR/STUDENT/OBSERVER ENROLLMENT FORM
J-1 VISITING SCHOLAR, F-1 OPT STUDENT, J-1 ACADEMIC TRAINING STUDENT, AND OBSERVER

Please check appropriate box:
 SINGLE
 MARRIED/DOMESTIC PARTNER

NOTICE TO SCHOLAR/STUDENT/OBSERVER:
By signing, the scholar/student/observer acknowledges the following:
1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form;
2) Rates are not pro-rated;
3) He/She meets the eligibility requirements for this coverage as described in the brochure;
4) If it is later determined that the scholar/student/observer is not eligible, the premium will be refunded;
5) Policy renewal is the responsibility of the scholar/student/observer and must be requested prior to the termination of the current policy to prevent a lapse in coverage.

Questions? Call (800) 853-5899.

Please see other side for rates and payment information. YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM
Coverage is not automatically renewed. Please see the plan summary of benefits for complete benefits and contact information.

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<th>COVERAGE PERIOD</th>
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Enrollments will not be processed prior to the enrollment start date. Please submit your form or call to enroll during the enrollment period.

Enrollment Deadline Date

8/14/16

Scholar/Student/Obs (All ages) only

☐ $640.00

Rates include premium payable to United HealthCare Insurance Company, as well as administrative fees payable to the University of Miami and Wells Fargo Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through Worldwide Assistance Services, Inc.

EFFECTIVE DATE OF COVERAGE:

(Earliest Effective Date is 7/15/15 - All Coverage Terminates on 8/14/16)

PERIOD OF COVERAGE: # Quarters

NOTE: COVERAGE IS FOR SCHOLARS/STUDENTS/OBSERVERS ONLY. DEPENDENTS ARE NOT COVERED.

PAYMENT METHOD (Remit in US Funds Only) • Premium is NON-REFUNDABLE

☐ Check/Money Order - MAKE CHECK PAYABLE TO: Wells Fargo Insurance

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Account Number: ____________________________ Expires (month, year): __/____

Cardholder's Name: _____________________________________________ (Print Cardholder's name exactly as it appears on card.)

Enroll by phone at (800) 853-5899 or

Mail or fax enrollment form and payment to: Wells Fargo Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966

This is limited term coverage only. Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated. Coverage begins at 12:01 am and ends at midnight. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below authorizes The University of Miami to provide Wells Fargo Insurance Services USA, Inc. with required information necessary to validate my enrollment. I understand my information is protected by privacy laws and will be released only in accordance with these laws.

SIGNATURE OF SCHOLAR/STUDENT/OBSERVER ____________________________ DATE ________