



2024-2025 HEALTH INSURANCE ENROLLMENT FORM

FULL POLICY YEAR
08/01- 7/31

Table with 2 columns: Insurance Category (STUDENT ONLY, ADD-ONE DEPENDENT, ADD-TWO DEPENDENT, ADD- 3+ DEPENDENTS) and Price (\$2,973.00*, \$2,903.00, \$5,806.00, \$8,709.00)

*Includes \$70 student admin fee

LAST NAME FIRST NAME: MI

DATE OF BIRTH (MM/DD/YYYY): UCONN NetID#: SEX: M F U

SOCIAL SECURITY #: UCONN Email:

U.S. ADDRESS:

CITY: STATE: ZIP:

CAMPUS: UCONN/STORRS UCONN/REGIONAL STUDENT STATUS: U-GRAD GRAD MEDICAL DENTAL MED/DENT RESIDENT

FULL TIME: YES OR NO # CREDITS CURRENT REGISTRATION (CLASSROOM ONLY)

HOME/CELL PHONE:

Enter Dependent Information Here:

SPOUSE:

LAST NAME: FIRST NAME: MI

DATE OF BIRTH (MM/DD/YYYY): SSN# SEX: M F U

DEPENDENT CHILD

LAST NAME: FIRST NAME: MI

DATE OF BIRTH (MM/DD/YYYY): SSN# SEX: M F U

DEPENDENT CHILD

LAST NAME: FIRST NAME: MI

DATE OF BIRTH (MM/DD/YYYY): SSN# SEX: M F U

DEPENDENT CHILD

LAST NAME: FIRST NAME: MI

DATE OF BIRTH (MM/DD/YYYY): SSN# SEX: M F U

DEPENDENT CHILD

LAST NAME: _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN# _____ SEX: M F U

DEPENDENT CHILD

LAST NAME: _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN# _____ SEX: M F U

Acknowledgements:

By my signature here:

I acknowledge that I have reviewed the coverage available under the 2024-2025 PY Student Health Insurance Plan offered through the University of Connecticut by Wellfleet Insurance.

I acknowledge that once enrolled I will be unable to request cancellation of this coverage and the coverage will remain in effect until the expiration date of the current year policy period, July 31, 2025. (Exception: Students entering military services are allow a prorated cancellation.)

I acknowledge and accept all the above and request enrollment in the UCONN Student Health Insurance Plan.

STUDENT SIGNATURE _____
DATE

PLEASE MAIL PAYMENTS TO:
 SMITH BROTHERS INSURANCE
 377 MAIN STREET, SUITE 103, NIAANTIC CT 06357

MAKE CHECKS PAYABLE TO:
 SMITH BROTHERS INSURANCE LLC

AGENCY USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Sent Enrollment to Carrier | <input type="checkbox"/> Logged Master Report |
| <input type="checkbox"/> Confirmed by Carrier | <input type="checkbox"/> Logged Flow Report |
| <input type="checkbox"/> Invoiced-Item# _____ | <input type="checkbox"/> Logged Agency Report |
| <input type="checkbox"/> Sent Confirmation to Student, Date: _____ | <input type="checkbox"/> Report to: Marina B- Accts Rec. |

Notes: _____
