



CALVIN  
MINDS IN THE MAKING

## Calvin College Student Health Insurance Enrollment Form

Please indicate the coverage period that you wish to enroll for at this time:

- ANNUAL KnightCare Plan**  
Period of Coverage: 8/15/2009 – 8/14/2010  
Cost: \$999.00
- SPRING KnightCare Plan**  
Period of Coverage: 1/1/2010 – 8/14/2010  
Cost: \$646.00

*(Please Print Clearly)*

\_\_\_\_\_  
Student Name (last, first, middle initial)

\_\_\_\_\_  
Calvin ID

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (month/date/year)

\_\_\_\_\_  
Address for ID card to be sent

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
e-mail address

**Note to Student:** By signing below, you acknowledge the following: 1) You have read the plan brochure and elect to enroll as indicated on this enrollment form; 2) Rates are not pro-rated; 3) You meet the eligibility requirements for this coverage; 4) Other than entry into the armed forces, the premium is not refundable.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

The KnightCare premium will be charged to your miscellaneous account by Financial Services.  
Your insurance card will be mailed to you upon receipt of enrollment from United HealthCare Student Resources.  
Plan details can be found online at [www.uhcsr.com](http://www.uhcsr.com) or at [www.calvin.edu/admin/health](http://www.calvin.edu/admin/health).

Health Services 160 Hoogenboom Center 3195 Knight Way SE Grand Rapids, MI 49546  
Phone: (616) 526-6187 Toll-free: (800) 688-0122 (option 8) Fax: (616) 526-6548  
E-mail: [health@calvin.edu](mailto:health@calvin.edu) Web: <http://www.calvin.edu/admin/health/>