



UNPAID J-1 SCHOLARS ENROLLMENT FORM

Please complete, sign, and return this enrollment form to:

UNIVERSITY OF IOWA
INTERNATIONAL STUDENT & SCHOLAR SERVICES
1111 UNIVERSITY CAPITOL CENTRE
IOWA CITY, IA 52242-5500
FAX: 319-335-0280

You will be billed monthly through the University of Iowa student billing system or bank account, if appropriate.

AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by the University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and by 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 Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any fraudulent statements or intentional misrepresentations of any material fact, Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa will be entitled to declare the contract applied for void and to refuse allowance of benefits to any person thereunder.

I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa and 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 medical records, I will give this authorization.

The University of Iowa is hereby authorized to charge my University bill or bank account, as appropriate, for the premium. I understand that if the University bill on which the premium first appears is not paid when due, the coverage may be canceled.

(Please visit the other side)

UNPAID J-1 SCHOLARS & J-2 FAMILY MEMBERS ENROLLMENT FORM

PART 1: ACTION REQUESTED

Select your enrollment type: NEW APPLICATION CHANGE ADD DEPENDENT(S)

PART 2: YOUR INFORMATION

Full Name (Last, First, Middle Initial): _____

University ID Number (8 digits): _____ Date of Birth: _____ Sex (M/F): _____

Residing Address, City, State & Zip Code: _____

Telephone Number: _____ E-mail: _____

PART 3: HEALTH INSURANCE

Select your health plan: SHIP UIChoice UISelect
 ENROLL me in Health Insurance
 CHANGE my Health Insurance

PART 4: DENTAL INSURANCE

Select your dental plan: Student Dental Dental II
 ENROLL me in Dental Insurance
 CHANGE my Dental Insurance

PART 5: DEPENDENT INFORMATION

(Relationship Codes: S-spouse, D-domestic partner, C-child)

NAME: Last, First, Middle Initial	Relationship Code	Sex (M/F)	Birthdate (MM/DD/YY)	Social Security #	Health	Dental
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

PART 6: AGREEMENT AND CERTIFICATION

I have read and understand the Agreement and Certification language on the previous page.

Signature (DO NOT PRINT): _____ Date: _____

Return Form To: International Student & Scholar Services 1111 University Capitol Centre Iowa City, IA 52242-5500 Email: iss@uiowa.edu Fax: (319) 335-0280	EFFECTIVE DATE ____ / 01 / 20 ____	ISSS Approval Initials: _____
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