OPTIONAL MAJOR MEDICAL BENEFIT
UNIVERSITY OF NEBRASKA MEDICAL CENTER
STUDENT HEALTH INSURANCE ENROLLMENT FORM
POLICY #GTH9020805

(Please Print)
STUDENT'S NAME _______
Last First Middle

MAILING ADDRESS: **UNMC student ID number** _____

_____
Street City State Zip

E-MAIL ADDRESS: _____

TELEPHONE #: _____ **DATE OF BIRTH:** _____

Please check the campus and program in which you are enrolled:

CAMPUS:
___ Omaha
___ Kearney
___ Scottsbluff

PROGRAM:
__ Medical Technology
__ Medical Nutrition
__ Clinical Perfusionist
__ 3rd or 4th Year Medical Student
__ Other:_____

Please check the appropriate coverage period for which you are enrolling: **Reminder**: If both semesters are purchased during the Fall Semester, students must continue to be enrolled in the Basic Plan for **both** semesters for coverage to be valid. (Optional Major Medical Benefit available only if purchased in Fall or Newly Insured for Spring).

COVERAGE PERIOD: ___ Fall Semester = $110 ___ Spring Semester = $110

I have read the brochure for the effective/expiration dates of coverage for the College/Program for which you are enrolled. The enrollment dates applicable to your coverage period for the Basic Plan shall also apply to this Optional Major Medical Plan.

Return this enrollment form with your check or money order made payable to Guarantee Trust Life Insurance Company:

Macori Administration
Student Insurance Office
P.O. Box 2567
Spring, Texas 77383-2567

Rates will not be pro-rated other than as shown above. This enrollment form must be completed and signed by the student. It is the student's responsibility to make timely renewal payments on or before the expiration date shown in the brochure.

"I certify that I meet the eligibility requirements for this coverage as described in the brochure. If it is later determined that I am not eligible, or that I did not purchase the Basic Plan, my premium will be refunded."

_____ _____
Signature of Student *Date*

Underwritten by:
Guarantee Trust Life Insurance Company