

UNIVERSITY OF COLORADO DENVER - ANSCHUTZ MEDICAL CAMPUS

PLEASE CHECK THE APPROPRIATE BOX:

- Continued Coverage for Students (Policy #0190390-S)
- Continued Coverage for Dependents (Policy #0190390-D)

I elect to purchase Accident and Sickness insurance coverage under the University's Continued Coverage. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES:

| CONTINUED COVERAGE PERIOD: | Three (3) months | Six (6) months |
|-----------------------------------|----------------------------------|----------------------------------|
| A. Student | <input type="checkbox"/> \$910 | <input type="checkbox"/> \$1,820 |
| B. Spouse/Domestic Partner | <input type="checkbox"/> \$1,516 | <input type="checkbox"/> \$3,032 |
| C. Each Child | <input type="checkbox"/> \$1,236 | <input type="checkbox"/> \$2,472 |

Payment Instructions: Make check or money order payable to "ECI" in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium payment to ECI, P.O. Box 264, Jefferson, CO 80456. Questions? Please call ECI toll-free at 1-866-780-3824. You can also take your enrollment card and premium payment to Student Insurance Mail Stop A035, located in Education Facility II North, Room #P28-3207. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION

CHARGE FULL VISA or MASTERCARD # _____ Expiration Date _____
AMOUNT \$ _____ MASTERCARD # _____ Month _____ Year _____
AUTHORIZED SIGNATURE _____ DATE _____
OR PAID BY CHECK # _____ AMOUNT PAID \$ _____