Required Documentation for Dependent Enrollments (Must Attach and Mail with This Enrollment Form):

a) For spouse, a marriage certificate
b) For same-sex/opposite-sex domestic partner, a Declaration of Domestic Partnership issued by the State of California, or of same-sex legal union other than marriage formed in another jurisdiction, or a completed Declaration of Domestic Partnership form issued by the University. Please note: Opposite-sex partners are eligible for domestic partnership only if one or both partners are age 62 or older and eligible for Social Security benefits based on age
c) For natural child, a birth certificate showing the student is the parent of the child
d) For stepchild, a birth certificate, and a marriage certificate showing that one of the parents listed on the birth certificate is married to the student
e) For adopted or foster child, documentation from the placement agency showing that the student has the legal right to control the child’s health care
f) For child eligible by court order, provide court documents which direct that the child will be covered under the insurance plan of the noncustodial parent

Questions? Call 1-855-871-9549 or email ucship@ahpservice.com

PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION. YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.
Terms of Coverage | FSSP & TSSP | FALL EARLY | FALL | WINTER | SPRING/SUMMER
--- | --- | --- | --- | --- | ---
Enrollment Start Date | 7/3/18 | 8/9/18 | 8/23/18 | 12/7/18 | 3/1/19
Enrollment Deadline | 9/3/18 | 10/10/18 | 10/24/18 | 2/7/19 | 5/2/19

Family coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student’s plan.

<table>
<thead>
<tr>
<th>Term Coverage</th>
<th>Desired Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Domestic Partner (Medical Only)</td>
<td>$365.80, $872.67, $872.67, $872.67, $872.67, $872.67</td>
</tr>
<tr>
<td>Child(ren) Only (Medical Only)</td>
<td>$365.80, $872.67, $872.67, $872.67, $872.67, $872.67</td>
</tr>
</tbody>
</table>

Notice to Student: Coverage will be effective the date the correct premium is received by the Company, or an authorized representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing below, the student acknowledges the following: 1) Rates are not prorated other than as listed on this enrollment form; 2) Student meets the eligibility requirements for this coverage as described in the brochure; 3) If it is later determined that the student is not eligible, coverage will be deemed to have not been in force and the premium will be returned; and 4) Other than eligibility or entry into the Armed Forces, the premium is not refundable. It is the student’s responsibility to make a timely renewal payment. This plan is underwritten by Anthem Blue Cross.