

University of Denver Student Health Insurance Plan (SHIP) 2025 Spring Enrollment Form

Student Information

Last Name:			DU Student ID #:
First Name:			Date of Birth (mm/dd/yy): / /
U.S. Mailing Address:			Sex assigned at birth: <input type="radio"/> Male <input type="radio"/> Female
City, State:	Zip Code:	Local Phone #:	DU Email Address:

QUARTER
\$3770 Full Year

LAW
\$3770 Full Year

Term	Coverage Dates	Student Initials
Spring 202530	April 1, 2025 – August 31, 2025 Enrollment deadline: April 18, 2025 \$1,885.00	

Term	Coverage Dates	Student Initials
Spring 202520	January 1, 2025 – July 31, 2025 Enrollment deadline: January 24, 2025 \$1,885.00	

Notice to Student (*Signature required*)

I have carefully read the brochure and elect to enroll as indicated. Rates are not prorated other than as listed. I permit the University of Denver to provide United Healthcare Student Resources with my enrollment status for purposes of eligibility under this plan. **It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company, or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.**

Enrollment Guidelines: If the Enrollment Application and Premium is received on or before the deadline date, coverage will be backdated to the beginning of the Policy Period for which coverage has been purchased. Applications received after the deadline date will not be accepted in the absence of a qualifying life event (i.e. involuntary loss of prior coverage).

Student's Signature: _____ **Date:** ____ / ____ / ____

2025 Spring Registration will be verified before enrollment is processed and the charge added to the student's account.

Payment for the 2025 Spring Student Health Insurance Plan Can be submitted via DU Pay:

<https://www.du.edu/bursar/payments/index.html>

2025 Fall Registration: _____	PnC Updated: _____ OpenReg Insurance updated and form scanned into OpenBilling.	Date form received: _____
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The DU Health & Counseling Center / 2240 E Buchtel Blvd, 3N / Denver, CO 80208
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insurance@hcc.du.edu



Health & Counseling Center

UNIVERSITY OF DENVER