

**University of Denver**  
**Student Health Insurance Plan (SHIP)**  
**2023 Fall 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: Male      Female
City, State:	Zip Code:	Local Phone #:	DU Email Address:

**QUARTER**

**\$3770** Full Year

**LAW**

**\$3770** Full Year

Term	Coverage Dates	Student Initials
Fall 202370	Sep 1, 2023 – Mar 31, 2024 Enrollment deadline: September 29, 2023 <b>\$1,885.00</b>	

Term	Coverage Dates	Student Initials
Fall 202360	Aug 1, 2023 – Dec 31, 2023 Enrollment deadline: September 1, 2023 <b>\$1,885.00</b>	

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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2023 Fall Registration will be verified before enrollment is processed and the charge added to the student's account.**

**Payment for the 2023 Fall Student Health Insurance Plan**

**Can be submitted via DU Pay:**

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

<b>2023 Fall Registration:</b> _____	<b>PnC Updated:</b> _____ OpenReg Insurance updated and form scanned into OpenBilling.	<b>Date form received:</b> _____
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The DU Health & Counseling Center / 2240 E Buchtel Blvd, 3N / Denver, CO 80208

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**Health & Counseling Center**  
**UNIVERSITY OF DENVER**