❑ NEW
❑ RENEWING

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Wells Fargo Student Insurance Medical ID#

Berkeley SHIP student health insurance plan

**Anthem Blue Cross Life and Health Insurance Company**
**UC Berkeley SHIP**
**2017-2018 VOLUNTARY GRADUATE ENROLLMENT FORM**

**GRADUATE VOLUNTARY STUDENT & DEPENDENT ENROLLMENT FORM**

| | | | |
|---|---|---|---|
| **STUDENT'S NAME** | LAST / SURNAME | | |
| | FIRST NAME | | MIDDLE INITIAL |
| STUDENT I.D. # | DATE OF BIRTH (Month, Day, Year) | | |
| **U.S. MAILING ADDRESS** (Use school address if none) | STREET | | APARTMENT # |
| CITY | STATE | ZIP | |
| PHONE # | EMAIL ADDRESS **(REQUIRED)** | | |

| **Please check appropriate box:** | **Please check appropriate box:** | **Please check appropriate box:** |
|---|---|---|
| ❑ FEMALE ❑ MALE | ❑ SINGLE ❑ MARRIED/DOMESTIC PARTNER | ❑ DOMESTIC ❑ INTERNATIONAL |

**PLEASE LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO ENROLLED IN SHIP.** Please see the Benefit Booklet for complete benefits and contact information. Dependents must be enrolled on the date the student is enrolled or within **31 days** of a qualifying event.

| LAST / SURNAME | FIRST NAME | MIDDLE INITIAL | GENDER | DATE OF BIRTH (Month, Day, Year) | SOCIAL SECURITY OR TAX I.D. # (U.S. Citizens and Permanent Residents only) |
|---|---|---|---|---|---|
| **SPOUSE/DOMESTIC PARTNER:** | | | ❑ Female ❑ Male | | |
| **CHILD:** | | | ❑ Female ❑ Male | | |
| **CHILD:** | | | ❑ Female ❑ Male | | |
| **CHILD:** | | | ❑ Female ❑ Male | | |
| **CHILD:** | | | ❑ Female ❑ Male | | |
| **CHILD:** | | | ❑ Female ❑ Male | | |

**Required Documentation for Dependent Enrollments (Must Attach and Mail with This Enrollment Form, or bring to the ship office):**
**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 University Health Services
**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

**ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY**
**www.anthem.com/ca/ucberkeley**
*Claims, Eligibility and Coverage Questions*
**844-728-5913**
*Prescriptions, Pharmacy Benefits Manager*
**800-700-2541**
*Find a Preferred Provider:*
**844-728-5913**
*Medical Assistance Abroad:*
**BCBS GlobalCore**
**800-810-BLUE (2583)**
or collect: **804-673-1177**

**BERKELEY SHIP OFFICE**
*Benefits and General Questions*
**510-642-5700**
M-F 8am - 4:45pm, Thursdays 9:30am - 4:45pm
**ship@berkeley.edu**
**www.uhs.berkeley.edu/insurance**

**TANG CENTER APPOINTMENTS**
*Students: A referral from Tang Center is required for most services prior to receiving treatment:*
**510-642-2000**
**www.uhs.berkeley.edu**

**24/7 NURSELINE**
**800-681-4065**

**ON CALL INTERNATIONAL**
*International Travel Assistance*
**877-318-6901** (Toll-free within the U.S.)
**603-328-1909** (Outside the U.S.)
One Delaware Drive
Salem, NH 03079
**www.oncallinternational.com**

**WELLS FARGO INSURANCE SERVICES USA, INC.**
*Enrollment Questions, Plan Broker*
**800-853-5899**
Mon - Fri, 8am-5pm PST
CA License No 0D08408
**https://studentinsurance.wellsfargo.com**

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view the SBC, go to: **https://uhs.berkeley.edu/insurance** or call **510-642-5700** to request a paper copy free of charge.

**WELLS FARGO INSURANCE PRIVACY INFORMATION**

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at https://studentinsurance.wellsfargo.com.

**PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION. YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.**

**PAYMENT IN FULL IS REQUIRED FOR THE TERM PURCHASED**

**GRADUATE VOLUNTARY STUDENT & DEPENDENT ENROLLMENT FORM**

# Anthem Blue Cross Life and Health Insurance Company
# UC Berkeley SHIP
# 2017-2018 VOLUNTARY GRADUATE ENROLLMENT FORM

Filing Fee Grads - To complete the Voluntary SHIP enrollment process, a student must submit a letter from their academic department stating the student is on approved Filing Fee Status and is in good standing with the school and send to the Student Health Insurance Office. Students who fail to do this will have their and any applicable dependents enrollment terminated as ineligible.

❑ VOLUNTARY (FILING FEE) ❑ CONTINUATION

| PROGRAM COSTS | | |
|---|---|---|
| | **FALL** 8/1/17 - 12/31/17 | **SPRING/SUMMER** 1/1/18 - 7/31/18 |
| **Enrollment Deadline** | **9/15/17** | **2/1/18** |
| **Student rate only** | ❑ $2,231.00 | ❑ $2,231.00 |
| **NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.** | | |
| **Spouse rate only** | ❑ $2,231.00 | ❑ $2,231.00 |
| **1 Child rate only** | ❑ $2,231.00 | ❑ $2,231.00 |
| **2 Children rate only** | ❑ $4,337.00 | ❑ $4,337.00 |
| **3 Children rate only** | ❑ $4,370.00 | ❑ $4,370.00 |
| **4 Children rate only** | ❑ $4,403.00 | ❑ $4,403.00 |
| **5 Children rate only** | ❑ $4,436.00 | ❑ $4,436.00 |

Rates include premium payable to Anthem Blue Cross Life and Health Insurance Company, MetLife, VSP as well as administrative fees payable to UC Berkeley and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

**PAYMENT METHOD** (Remit in US Funds Only)

NOTE: If we are unable to process your payment (due to insufficient funds, closure of account, etc.), you and/or your dependents' insurance coverage will be terminated retroactive to the effective date of the enrolled term and you will be responsible for any claims that you've incurred.

❑ **Check/Money Order –** MAKE CHECKS PAYABLE TO: Wells Fargo Student Insurance

**Note: Premium is non-refundable unless you are found to be ineligible for the plan**

❑ **Credit Card:** ❑ Visa ❑ MasterCard ❑ Discover

Credit Card Account Number:

Expires (month, year):

Cardholder's Name:

(Enter/Print Cardholder's name exactly as it appears on card.)

**Enroll by phone (800) 853-5899, or send enrollment form, dependent documentation, and payment by mail to:**
Wells Fargo Student Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670

**COVERAGE IS NOT AUTOMATICALLY RENEWED.** Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**PLEASE READ CAREFULLY AND SIGN BELOW - REQUIREMENT FOR BINDING ARBITRATION**

The following provision does not apply to class actions: **IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT.** California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." **THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN.**

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein. It also authorizes my school to provide Wells Fargo Student Insurance with required information necessary in the event of a medical emergency.

SIGNATURE OF STUDENT _____ DATE _____