LIFEWISE
ASSURANCE COMPANY

Mail to: Membership & Billing, MS 737
PO Box 3048
Spokane, WA 99220

Phone: 800-971-1491
www.student.lifewiseac.com

UNIVERSITY of WASHINGTON

GRADUATE APPOINTEE INSURANCE PROGRAM

Enrollment and Change Form

1. PERSONAL INFORMATION

Student name (Last) (First) (MI)	Student ID	Phone ( )	E-mail address

Home address	City	State	ZIP	Mailing address (if different than home address)	City	State	ZIP

2. ENROLLMENT PERIOD (Enrollment period is based on Student effective date or month of qualifying event and may not be for a full quarter)

☐ Autumn ☐ Winter ☐ Spring ☐ Summer

3. ENROLLMENT INFORMATION

Reason for Add or Drop (New enrollment, birth, marriage, divorce, etc.)	Date of Event / /	*NOTE: Please indicate each enrollee's name. ID card names are limited to 26 characters and spaces.*

Add	Drop	Relationship to Student	Last Name	First Name	MI	Social Security No. (Required for age 40+)	Date of Birth	Gender Male	Gender Female
☐	☐	Self					/ /	☐	☐
☐	☐						/ /	☐	☐
☐	☐						/ /	☐	☐
☐	☐						/ /	☐	☐
☐	☐						/ /	☐	☐
☐	☐						/ /	☐	☐

Does a dependent have a different mailing address? ☐ No ☐ Yes If yes, complete the following: Dependent's Name (Last, First, MI): _____

Dependent's mailing address _____ City _____ State _____ ZIP _____

Is any child age 26 or over enrolling for coverage due to disability? ☐ No ☐ Yes. Complete and attach a *Request for Certification of Disabled Dependent* form.

Has any enrollee had health insurance coverage at any time during the past 3 months before your enrollment date on this plan? (If prior coverage information is not provided, the full waiting period will apply.)

☐ No ☐ Yes If yes, who was covered? ☐ Student ☐ Dependent Children
☐ Spouse or Registered Domestic Partner (We are either both of the same sex or one of us is at least 62 years of age) Date coverage began / / Date coverage ended / /

Will any enrollee have other current health coverage including Medicare, which will remain in effect when your LifeWise coverage begins?

☐ No ☐ Yes, please complete and attach an *Other Coverage Questionnaire* form.

4. STUDENT SIGNATURE

I declare that to the best of my knowledge, all of the information on this form is true and complete, and all of the persons for whom I am requesting enrollment are eligible for coverage. I have also read and understand the provisions as stated on the reverse side. The changes on this form supersede all previous forms submitted.

Student signature _____ Date signed _____ / _____ / _____

Please note: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

CONDITIONS OF ENROLLMENT/SIGNATURE

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan as described in the plan brochure available on the university's website.

By accepting this Conditions of Enrollment/Signature I attest that I am eligible for this coverage and that I authorize the university to provide LifeWise Assurance Company (LifeWise) with my enrollment status to validate eligibility under the plan. LifeWise reserves the right to review, at any time, that the eligibility requirements for enrollment have been met. If it is determined that you do not meet the school's eligibility requirements for enrollment or you have performed an act or practice that constitutes fraud, your coverage may be voided (voided means to cancel coverage back to its effective date, as if it had never existed at all). If coverage is voided, payments made by the plan shall be recoverable by the plan. Premium is not refundable for any reason other than a determination of ineligibility or unless you, your spouse, or your domestic partner enters the military service on full-time active duty.

I understand and agree that submission of this enrollment information and/or premium payment does not guarantee coverage. Rates are limited to the options listed and are not pro-rated. I authorize LifeWise, at its option, to pay providers directly for services rendered.

I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

PRIVACY POLICY

We may collect, use, or disclose personal information about you, including health information, your address, telephone number or Social Security number. We may receive this information from, or release it to, health-care providers, insurance companies, or other sources to conduct our routine business operations such as: underwriting and determining your eligibility for benefits and paying claims; coordinating benefits with other health-care plans; conducting care management, case management, or quality reviews. This information may also be collected, used or released as required or permitted by law.

To safeguard your privacy and ensure your information remains confidential, we train all employees on our written confidentiality policy and procedures. If a disclosure of your personal information is not related to a routine business function, we will remove anything that could be used to easily identify you, unless we have your prior authorization to release such information.

You have the right to request inspection and/or amendment of your records retained by us.

To view or print copies of our detailed Privacy Notice, please visit our web site at www.student.lifewiseac.com . To have forms mailed to you, please call the number below.

NEWLY ACQUIRED DEPENDENTS

You must enroll your newly acquired dependent within 30 days of marriage or domestic partner registration or within 60 days of birth or placement for adoption in order to enroll them at any other time than when you are purchasing coverage.

If you have any questions about the information included in this notice, please call us at 800-971-1491

LIFEWISE
ASSURANCE COMPANY
7007 - 220TH SW
MOUNTLAKE TERRACE, WA 98043

LifeWise
Assurance Company

Discrimination is Against the Law

LifeWise Assurance Company (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-971-1491 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-971-1491（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-971-1491 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-971-1491 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-971-1491 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-971-1491 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-971-1491 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-971-1491 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-971-1491（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-971-1491 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-971-1491 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-971-1491 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-971-1491 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-971-1491 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-971-1491 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-971-1491 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-971-1491 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-971-1491 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-971-1491 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-971-1491 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-971-1491 (TTY: 711) تماس بگیرید.

037404 (11-06-2019)