



The University of Alabama  
at Birmingham  
Medical Center Student Health

APPLICATION FOR VIVA HEALTH  
OPTIONAL STUDENT HEALTH PLAN

PLEASE MAIL APPLICATION  
AND PAYMENT TO:  
VIVA HEALTH, Inc.  
Attn: Enrollment  
1222 14th Avenue South  
Birmingham, AL 35205

Blazer ID \_\_\_\_\_ Boo# \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial Birthday (MM/DD/Year)

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Coverage Dates:  Fall Semester August 17, 2010 – December 31, 2010  
 Spring Semester January 1, 2011 – May 31, 2011  
 Summer Semester June 1, 2011 – August 17, 2011

**Requirements:**

1. Full-time Undergraduate students (12 hours) and non-health related graduate students (5 hours)
2. Citizenship – any except Non-Resident Alien
3. Students must actively attend classes for at least the first 31 days after the date for which the coverage is purchased.
4. Optional Insurance is applied for and prepaid by the semester
5. An application must be completed each semester, along with a copy of your registration schedule.
6. Payment and application must be **received no later than 3 days** after the deadline for adding classes each semester

Please complete the following for any person(s) to be covered. Please be sure to select a Personal Care Physician for any dependents to be covered. If more than 2 children will be covered, attach an additional page with the requested information.

Relationship (Check One):	Sex	Full Name			Birth Date	SSN	Personal Care Provider (PCP)
		Last (Family)	First	MI			
Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female				/ /		
Child	<input type="checkbox"/> Male <input type="checkbox"/> Female				/ /		
Child	<input type="checkbox"/> Male <input type="checkbox"/> Female				/ /		

After coverage becomes effective with VIVA HEALTH, will you or any dependents listed above be covered by any other medical insurance or health plan including Medicare or another VIVA HEALTH plan?  YES (complete the information below)  NO

If yes, what type of coverage:  Spouse's Employer  COBRA  Medicare  Medicaid  Other \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

**Payment Instructions, Mail In Option:** Make check or money order payable to VIVA HEALTH, in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment form along with premium payment. Your cancelled check or credit card billing is your receipt and notification of coverage. VIVA HEALTH will send a renewal notice of premium due to the address on file. It is important that the student make timely renewal payments to avoid a lapse in coverage. VIVA HEALTH will **NOT** accept cash payments.

PAYMENT METHOD		CHARGE CARD AUTHORIZATION		Semester Premiums		
(check appropriate box)	<input type="checkbox"/> Charge Card	Premium: \$ _____	Credit Card processing fee \$20.00	Total to charge: \$ _____	Expiration Date ____/____	<b>Fall:</b> Student Only: \$658* Spouse: \$1192 First Child: \$844 Add'l Child: \$672 <b>Spring:</b> Student Only: \$800* Spouse: \$1490 First Child: \$1055 Add'l Child: \$840 <b>Summer:</b> Student Only: \$516* Spouse: \$894 First Child: \$633 Add'l Child: \$504 *Includes Student Health Fee
	<input type="checkbox"/> Check or Money Order (enclosed)	VISA / MC # _____				
Cardholder Name: _____						
Signature of Cardholder: _____						

I desire coverage by VIVA HEALTH Student Health Plan to become effective when I am officially enrolled. I understand that my insurance will be coverage for the semester for which I am enrolled and it will **not** be automatically renewed. I will be responsible for payment of premiums and renewing at the beginning of each semester for which I am still an eligible student. I will notify VIVA HEALTH if I am no longer a student. I (we) authorize the release and use of all my (our) medical records or information necessary for payment, treatment, or health care operations. Medical information can also be used to execute the obligations imposed on VIVA HEALTH Inc. by state or federal statutes, as well as for the Quality Assurance or Peer Review programs conducted by VIVA HEALTH, Inc. or its designated agents.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_