

## 2021-2022 RMU Student Health Insurance Plan Enrollment Form

Robert Morris University requires all students to have health insurance. If you lose your coverage while you are a student, you may be eligible to enroll in our Student Health Insurance Plan, which is offered through UPMC Health Plan. To enroll, please complete and return this form at your earliest convenience. You must also provide proof of loss coverage from your previous carrier.

**To enroll by fax, send the required documentation to 412-454-8519, Attn: Cut Log #.**

### Contact Information

Student name (First, MI, Last): \_\_\_\_\_ Student email: \_\_\_\_\_

Student cell phone #: \_\_\_\_\_ Alternative phone #: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact location (city/state/country): \_\_\_\_\_

Emergency contact speaks English:  Yes  No If no, primary language: \_\_\_\_\_

### Enrollment

**Plan Year: Aug. 1, 2021, through July 31, 2022**

**YES** \_\_\_\_\_ (initial here) I accept the Robert Morris University-sponsored health insurance that is offered through UPMC Health Plan.

**Required Information:** (Insurance ID cards will be mailed to this address)

Student name (First, MI, Last): \_\_\_\_\_ Social Security number: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (circle): Male or Female

### Payment

Coverage Date previous coverage was terminated: \_\_\_\_\_

Effective date for this policy: \_\_\_\_\_ (there cannot be a lapse in coverage)

Premium: (\_\_\_\_\_) Total # of months being purchased

x \$180.09 Monthly premium (current month through July 31, 2022)

= \_\_\_\_\_ Total premium due

Premiums will be remitted by:  MasterCard  Visa Credit card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**UPMC HEALTH PLAN**

# Nondiscrimination notice

UPMC Health Plan, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC Health Plan provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances  
PO Box 2939  
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)

Fax: 1-412-454-7920

Email: [HealthPlanCompliance@upmc.edu](mailto:HealthPlanCompliance@upmc.edu)

You can 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 Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

# Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-420-9589 (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 1-866-420-9589 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-420-9589 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-420-9589 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-420-9589 (TTY: 711).

주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-866-420-9589 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-420-9589 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-420-9589 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-420-9589 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-420-9589 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-420-9589 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-420-9589 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-420-9589 (TTY: 711).

សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-866-420-9589 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-420-9589 (TTY: 711).

## UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street  
Pittsburgh, PA 15219

[upmchealthplan.com](http://upmchealthplan.com)

