

UNIVERSITY OF CONNECTICUT
Enrollment form

ANNUAL
08/15/08-08/15/09
STUDENT ONLY \$1,150.00
SPOUSE Additional \$2,104.00
EACH CHILD \$1,238.00

SPRING SEMESTER ONLY
1/1/09-08/15/09
\$ 803.00
\$1,301.00
\$ 766.00

Students Last Name _____ First Name _____ Middle Initial _____

People soft ID# _____ Date of Birth _____ Email _____

Address _____

City _____ State _____ Zip _____

Spouse Name _____ Spouse Date of Birth _____

Child Name _____ Date of Birth _____ Child Name _____ Date of Birth _____

Please list additional children on back of card if necessary.

Please Make Check Payable to UCONN Health Plan and return with application in enclosed envelope or mail to:
Bailey Agencies Inc. PO Box 1, 84 Plaza Court, Groton CT 06340.