

UNIVERSITY OF THE INCARNATE WORD 2008-2009

PART-TIME STUDENTS, DEPENDENTS AND OPTIONAL COVERAGE ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

- COLUMBIAN LIFE INSURANCE COMPANY** • Home Office: Chicago, IL • Administrative Service Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381
 COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • Home Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381

Student's Name _____ email _____
(Please Print) (Last) (First) (MI)

Address _____ Phone # (_____) _____
(Street) (City) (State) (Zip)

Undergraduate Graduate Birthdate _____ Soc. Sec. # _____
(MM/DD/YY)

Health Professional Student - \$10 premium for Needle Stick Coverage (Refer questions to the Student Health Service)

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____.
 Mail to: Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082-0196.

PREMIUM SCHEDULE : Please check the box of premium selected.

	ANNUAL 08-01-2008 to <u>07-31-2009</u>	FALL TERM 08-01-2008 to <u>12-31-2008</u>	SPRING/SUMMER TERM 01-01-2009 to <u>07-31-2009</u>	SUMMER TERM 05-01-2009 to <u>07-31-2009</u>	**OPTIONAL CATASTROPHIC MEDICAL
Student Only*	<input type="checkbox"/> \$ 302	<input type="checkbox"/> \$ 126	<input type="checkbox"/> \$ 176	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 425
Spouse	<input type="checkbox"/> \$ 800	<input type="checkbox"/> \$ 342	<input type="checkbox"/> \$ 473	<input type="checkbox"/> \$ 204	<input type="checkbox"/> \$ 1,275
Each Child	<input type="checkbox"/> \$ 545	<input type="checkbox"/> \$ 235	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 140	<input type="checkbox"/> \$ 850

*The above premium includes an administrative fee charged by the University.

**Must be purchased when first enrolled in the Plan. Students must enroll in the Basic Injury and Sickness Benefit of this Insurance plan in order to purchase Optional Catastrophic Medical Benefits. Optional coverage will terminate when your Accident and Sickness insurance plan terminates or when premium is due and unpaid. Optional coverage can be purchased for the Student only, or for student and their dependents. Optional coverage is not available for dependents only. Dependents must enroll in the in the plan when the student first enrolls in the plan and must enroll for the same coverage as the student.

Coverage becomes effective on the later of: the Policy Effective Date (08-01-2008); the first day of the term for which the proper premium has been paid; or 12:01 A.M. following the date the proper premium is received by the Plan Administrator or University. All coverage expires on 07-31-2009, or when payment is due and unpaid. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master policy. Any refunds will be subject to a \$25 administrative fee.

This plan has an enrollment period; refer to the brochure that accompanies this Enrollment Form.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

Spouse's Name _____ Birthdate _____
Soc. Sec. # MM/DD/YY

Child's Name _____ Birthdate _____
Soc. Sec. # MM/DD/YY

Child's Name _____ Birthdate _____
Soc. Sec. # MM/DD/YY

Student Signature _____ Date ____/____/____