

UNIVERSITY OF THE INCARNATE WORD 2008-2009

INTERNATIONAL STUDENTS' DEPENDENTS 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 07-31-2009	FALL TERM 08-01-2008 to 12-31-2008	SPRING/SUMMER TERM 01-01-2009 to 07-31-2009	SUMMER TERM 05-01-2009 to 07-31-2009
Student Only*	<input type="checkbox"/> \$ 687	<input type="checkbox"/> \$ 288	<input type="checkbox"/> \$ 399	<input type="checkbox"/> \$ 171
Spouse	<input type="checkbox"/> \$ 2,365	<input type="checkbox"/> \$ 1,000	<input type="checkbox"/> \$ 1,380	<input type="checkbox"/> \$ 595
Each Child	<input type="checkbox"/> \$ 1,680	<input type="checkbox"/> \$ 712	<input type="checkbox"/> \$ 983	<input type="checkbox"/> \$ 424

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

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 _____ Soc. Sec. # _____ Birthdate _____
MM/DD/YY

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

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

Student Signature _____ Date _____ / _____ / _____