

PROVIDENCE CHRISTIAN COLLEGE • 2009-2010 STUDENT 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
To apply for Insurance coverage, complete this Enrollment Form and return it with your payment to: Student Insurance Plan, Associated Insurance Plans International, Inc., P.O. Box 189, Libertyville, IL 60048. List Dependents on the reverse side of this form.

Student's Name _____ Soc. Sec. # _____
(Please Print) (Last) (First) (MI)

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

Undergraduate Graduate International Birthdate _____ email _____
MM/DD/YY

Enclosed is my check or money order, payable to Student Health Insurance, Inc., in the amount of \$ _____.

Please charge \$ _____ to the following credit card: VISA® MasterCard® or Discover®
Credit Card Number _____ Security Code (on back of card, 3 digits) _____ Card Expiration Date (Month) (Year) _____

**Credit card billing will state:
"Student Assurance Services, Inc."**

Cardholder Name/Cardholder Signature _____ Date _____ / _____ / _____
(Phone No.) MM DD YY

Cardholder Address _____
(Street) (City) (State) (Zip)

I understand the policy excludes benefits for a Pre-Existing Condition, not subject to Credit for Prior Coverage, until I am continuously covered under the policy for 6 months.

Student Signature _____ Date _____ / _____ / _____
MM DD YY

A276CFG U-31MI/CA(enr)

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PREMIUM:

I have read the details concerning the College's Student Insurance Plan in the brochure provided. I understand the college requires that all students are automatically enrolled for the Basic Injury Benefits of the plan. But I also want to purchase the coverage I've indicated below:

	Annual	
	<u>08-15-2009 to 08-14-2010</u>	
Student Only-		
Sickness & Major Medical Benefits	<input type="checkbox"/> \$	300
Each Dependent -		
Injury, Sickness, & Major Medical	<input type="checkbox"/> \$	1,165

Dependents must enroll in the plan when the student first enrolls in the plan and enroll for the same coverage as the student. Your Basic Injury Benefits becomes effective on Policy Effective Date (08-15-2009); or th first day of the term for which the premium has been paid. Your Basic Sickness and Major Medical Benefits becomes effective on the later of: the Policy Effective Date (08-15-2009); 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 Servicing Agent. All coverage expires on the earlier of 08-14-2010 or when payment for your Accident and Sickness coverage is due and unpaid. No refunds, except as provided in the Master Policy.

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
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