

**OUR LADY OF THE LAKE UNIVERSITY
2011-2012 ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM**

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • PO Box 196 • Stillwater MN 55082

International students are required to enroll in the plan. Students participating in intercollegiate sports must enroll in the plan or provide proof of comparable coverage to the University Business Office. To enroll in the accident and sickness plan, complete this form or enroll online at www.sas-mn.com.

Student's Name _____ Birthdate _____
(Please Print) (Last) (First) (M.I.) (MM/DD/YY)

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

Soc. Sec. # [] [] [] - [] [] - [] [] [] [] Phone No. _____ Email _____

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**

Please charge \$ _____ to the following credit card: VISA® MasterCard® or Discover®

Card Expiration Date
(Month) (Year)

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

Credit Card Number []
Security Code (on back of card, 3 digits) [] [] []
[] [] - [] []

Cardholder Name/Cardholder Signature _____ Date ____/____/____
(Phone No.)

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

PREMIUMS

	Annual 08-01-2011 to 07-31-2012	Fall 08-01-2011 to 01-03-2012	*Spring/Summer 01-04-2012 to 07-31-2012	*Summer 06-01-2012 to 07-31-2012
Student Only	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 222	<input type="checkbox"/> \$ 278	<input type="checkbox"/> \$ 100
Student & Spouse	<input type="checkbox"/> \$ 2,000	<input type="checkbox"/> \$ 888	<input type="checkbox"/> \$ 1,112	<input type="checkbox"/> \$ 400
Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 3,000	<input type="checkbox"/> \$ 1,332	<input type="checkbox"/> \$ 1,668	<input type="checkbox"/> \$ 600
Student & Child(ren)	<input type="checkbox"/> \$ 1,500	<input type="checkbox"/> \$ 666	<input type="checkbox"/> \$ 834	<input type="checkbox"/> \$ 300

Optional Major Medical \$ 400 per person

Students must be enrolled in the basic injury and sickness benefits of the insurance plan in order to purchase optional major medical coverage, and coverage must be purchased when first enrolled in the plan. Optional coverage will terminate when the accident and sickness insurance plan terminates. Optional major medical coverage can be purchased for the student only, or for the student and dependents. Optional coverage is not available for dependents only. *For new students not previously eligible to enroll for annual or fall coverage.

	Annual 08-01-2011 to 07-31-2012	**Fall Installment 08-01-2011 to 01-03-2012	**Spring/Summer Installment 01-04-2012 to 07-31-2012	***New Athletes Spring/Summer 01-04-2012 to 07-31-2012
*Student Athletes Only	<input type="checkbox"/> \$ 650	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 428

*Intercollegiate sports coverage is required by the University if you are an athlete and purchasing the accident and sickness coverage. Premium includes injury, sickness and sports coverage.

**The fall and spring/summer installment method of payments is only available for student athletes purchasing annual coverage.

***For new student athletes not previously eligible to enroll for annual or fall coverage.

This plan has an enrollment period; refer to the brochure on the website www.sas-mn.com.

Coverage becomes effective on the later of the Master Policy effective date 08-01-2011; 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 the earlier of: the Master Policy expiration date 07-31-2012, or when premium for the accident and sickness insurance coverage 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.

DEPENDENT INFORMATION

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 ____/____/____