OUR LADY OF THE LAKE UNIVERSITY-2009-2010 ACCIDENT AND 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

International students & students participating in intercollegiate sports must enroll in this plan or provide proof of comparable coverage to the University Business Office. To enroll in the Accident and Sickness plan, complete this form and return with payment to: Student Assurance Services, Inc.; P.O. Box 196; Stillwater, MN 55082-0196.

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 $ _____.

☐ 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 _____ (Phone No.) Date___/____/___

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

PREMIUMS	**Annual** 08-01-2009 to 07-31-2010	**Fall** 08-01-2009 to 01-03-2010	**Spring/Summer** 01-04-2010 to 07-31-2010	**Summer** 06-01-2010 to 07-31-2010
Student Only	❒ $ 500	❒ $ 222	❒ $ 278	❒ $ 100
Student & Spouse	❒ $ 2,000	❒ $ 888	❒ $ 1,112	❒ $ 400
Student, Spouse & Child(ren)	❒ $ 3,000	❒ $ 1,332	❒ $ 1,668	❒ $ 600
Student & Child(ren)	❒ $ 1,500	❒ $ 666	❒ $ 834	❒ $ 300
*Student Athlete	❒ $ 650 **includes Intercollegiate Sports coverage**			
**Optional Major Medical	❒ $ 400 **per person, payable when first enrolled in the Plan**			

***Intercollegiate Sports coverage is required by the University if you are an athlete and purchasing the Accident and Sickness coverage. **Students must be enrolled in the Basic Injury and Sickness Benefits of this Insurance plan in order to purchase Optional Major Medical Coverage. Optional Coverage will terminate when your Accident and Sickness Insurance plan terminates. Optional Major Medical Coverage can be purchased for the student only, or for the student and their dependent(s). Optional coverage is not available for dependents only.**

This plan has an Enrollment Period; refer to the brochure that accompanies this Enrollment Form.
Coverage becomes effective on the later of the Policy Effective Date (08-01-2009); 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 University or Plan Administrator. All coverage expires on the earlier of: 07-31-2010, or when payment for your Accident & Sickness 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___/____/___

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