

PROVIDENCE CHRISTIAN COLLEGE • 2011-2012 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

To apply for dependent insurance coverage, complete this enrollment form and return it with your payment to: Associated Student Insurance Agency, P.O. Box 189, Libertyville, IL 60048.

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 Associated Student Insurance, Agency 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

PREMIUM:

I have read the details concerning the College's student insurance plan in the brochure provided. I understand I am automatically enrolled in the basic injury benefits and required to enroll in the basic sickness and Major Medical benefits unless I waive coverage. But I also wish to purchase dependent coverage below:

| | Annual | *Semi-Annual |
|---|----------------------------------|--|
| | 08-15-2011 to 08-14-2012 | 08-15/2011 to 02-14-2012 02-15-2012 to 08-14-2012 |
| Each Dependent - Injury, Sickness, & Major Medical | <input type="checkbox"/> \$1,765 | <input type="checkbox"/> \$ 883 |

*Semi-annual installment method of payment is only available for students purchasing annual coverage. 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 become effective on the later of: the Master Policy effective date 08-15-2011; or the first day of the term for which the premium has been paid. Your basic sickness and major medical benefits become effective on the later of: the Master Policy effective date 08-15-2011; 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 Servicing Agent. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2012, or when premium for the accident and sickness insurance coverage is due and unpaid. No refunds, except as provided in the Master Policy. Any refund provided is subject to a \$25 administration fee.

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