ADELPHI UNIVERSITY – Policy # CHH0084931

DEPENDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM – 2010-2011

Student Name (Print) _____ *(List Dependents Below)*
(Last) (First) (M.I.)

Student Identification Number (**required**)_____ Date of Birth _____ Male _____ Female _____

Home Address (Print) _____
(Number and Street) (City) (State) (Zip Code)

I have read, understand, and agree to the terms and conditions of the insurance coverage as described in the brochure. I am enrolled and also wish to enroll my eligible dependents, listed on this form, in the Adelphi University Student Accident and Sickness Insurance Plans as checked below. This form is accompanied by my check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa. Coverage begins at 12:01 a.m. on the effective date of the coverage term selected below, or on the day after the date this form and payment are received, if later, and terminates on the earlier of a) the date the Policy terminates; b) the last day for which premium has been paid: or c) the date the Covered Person enters the armed forces. Dependents must enroll for the same coverage(s) and coverage term as the Covered Student and coverage may only be purchased, and would terminate simultaneously and in conjunction with the Covered Student's coverage.

	ANNUAL		SPRING (Only available to new students to the University)	
COVERAGE DATES	8/15/10* to 8/15/11		01/01/11 to 8/15/11	
	Spouse	Child	Spouse	Child
OPTION I				
PART A – BASIC ACCIDENT & SICKNESS AND BASIC SUPPLEMENTAL ACCIDENT & SICKNESS EXPENSE BENEFITS	$ 753 ___	$ 753 ___	$ 505 ___	$505 ___
PARTS A & B – BASIC ACCIDENT & SICKNESS AND BASIC SUPPLEMENTAL ACCIDENT & SICKNESS EXPENSE BENEFITS PLUS OPTIONAL SUPPLEMENTAL ACCIDENT & SICKNESS EXPENSE BENEFITS	$ 941 ___	$ 941 ___	$630 ___	$630 ___
OPTION II – ENHANCED ACCIDENT & SICKNESS EXPENSE BENEFITS	$2,805 ___	$1,685 ____	$1,888 ___	$1,129 ___

*8/10/10 for Dependents of NEW International students. PLEASE CHECK THE APPROPRIATE BOX: ☐ Domestic Student ☐ International Student

I understand, if elected, OPTION II replaces OPTION I.

Deadline to Enroll (No form will be accepted after the deadline) 10/15/10 3/15/11

PLEASE RETURN THIS FORM WITH YOUR CHECK OR MONEY ORDER (NO CASH) TO: Maksin Management Corp, PO Box 2849, Camden, NJ 08101-2849

Signature _____ **Date** _____

Dependent's Name	SS#	Relationship	Date of Birth
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