

ADELPHI UNIVERSITY – Policy # CHH0084931

STUDENT ACCIDENT & SICKNESS INSURANCE VOLUNTARY ENROLLMENT FORM FOR NON-RESIDENT HALL STUDENTS – 2010-2011

Student Name (Print) _____
 (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 covered under the Basic Accident Plan and elect to purchase the Adelphi University Accident & Sickness Insurance Plan coverages listed on this form as indicated below. 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. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed.

	ANNUAL	SPRING
		<i>(Only available to new students to the University)</i>
COVERAGE DATES	8/15/10 to 8/15/11	01/01/11 to 8/15/11
PART A – BASIC SICKNESS & BASIC SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS	\$370 ____	\$248 ____
PART B – OPTIONAL SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS	\$ 90 ____	\$ 66 ____
Deadline to Enroll (No form will be accepted after the deadline)	10/15/10	3/15/11

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: *Adelphi University Student Insurance*

PLEASE RETURN THIS FORM WITH PAYMENT TO: Adelphi University, Health Services Center, One South Avenue, PO Box 701, Garden City, NY 115390-0701

Signature _____ Date _____