

**KETTERING UNIVERSITY
OPTIONAL DEPENDENT ENROLLMENT FORM**

Open Enrollment for the Summer/Fall Semester Ends on August 1, 2009

**STUDENT INSURANCE ENROLLMENT FORM: 2009 – 2010
POLICY # AMH0068070**

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa. (the Company)
with its principal place of business in New York, NY

Complete this enrollment form **ONLY** if you want **YOUR ELIGIBLE DEPENDENTS** to have the Student Accident and Sickness Insurance Plan. Dependent coverage is available only if the eligible student is also insured and only for the coverage period for which the student is insured.

Student's Name: _____

Email Address: _____ Phone Number: () _____

Mailing Address: _____

City/State/Zip Code: _____

Social Security #: _____ Student ID #: _____

Gender: Male Female Date of Birth: _____

NAMES OF DEPENDENTS

I wish to enroll my dependents as follows:

Last Name	First Name	M.I.	S.S. #	Relationship to Student	Date of Birth
				Spouse	
				Child	
				Child	
				Child	

Coverage for spouses and eligible dependent children will be effective at 12:01 a.m., the later of: a) the Policy effective date, July 1, 2009; or b) the effective date of the term of coverage for which premium has been paid for the Covered Person; or c) the day after the enrollment form and correct premium are received; or d) the date the student becomes eligible for coverage. Open enrollment for eligible dependents for the Summer/Fall semester will end on August 1, 2009 and on January 30, 2010 for the Winter/Spring Semester. Outside of the open enrollment period, refer to the Plan Brochure or Master Policy for special enrollment periods due to a Qualifying Event.

Coverage for a Covered Person terminates at 11:59 p.m., the earlier of: a) the date the Policy terminates, June 30, 2010; or b) the last day of the coverage term for which premium has been paid; or c) the date the Covered Person is ineligible for coverage. It is the Covered Student's sole responsibility to pay any subsequent premiums within the open enrollment period for the subsequent coverage term or continuous coverage will not be maintained.

PREMIUM RATES

Coverage Type	Summer/Fall Semester 07/01/09 – 12/31/09	Winter/Spring Semester 01/01/10 – 06/30/10
Spouse	<input type="checkbox"/> \$1,156.50	<input type="checkbox"/> \$1,156.50
Child(ren)	<input type="checkbox"/> \$ 918.50	<input type="checkbox"/> \$ 918.50

Premium for each coverage type applies separately; place a checkmark by the desired coverage. Each semester, it is the Covered Student's responsibility to make timely payments to avoid a lapse in coverage. Please make check or money order payable to: NATIONAL UNION FIRE INSURANCE COMPANY (NUFIC).

TOTAL PREMIUM ENCLOSED: _____

I apply for coverage for my eligible dependents listed above under the Student Accident and Sickness Plan. I agree to adhere and familiarize myself with the terms of coverage and conditions of this coverage including eligibility requirements, definitions, limitations and exclusions, and pre-existing condition limitations set forth in the Plan brochure.

Signature of Student: _____ Date: _____

**PLEASE MAIL THIS FORM WITH CORRECT PREMIUM TO:
MAKSIN MANAGEMENT CORP
P. O. BOX 2647
CAMDEN, NJ 08101-2647**