MORRISVILLE STATE COLLEGE
ACCIDENT AND SICKNESS INSURANCE PROGRAM DEPENDENT ENROLLMENT FORM – 2011-2012
Policy Number: CHH0000952
Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.

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 Morrisville State College Student Accident and Sickness Insurance Program as checked below. This form is accompanied by my check or money order payable to Marshall & Sterling. 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 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. 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.

	Fall	**Spring**
COVERAGE DATES	**8/01/11 to 01/17/12**	**1/18/12 to 8/01/12**
Spouse	$492 ____	$492 ____
Child	$332 ____	$332 ____
DEADLINE TO ENROLL	**09/01/11**	**02/01/12**

Please return this form with your check or money order (no cash) to: Marshall & Sterling, Attn: Denise O'Halloran, 103 Executive Drive, Suite 300, New Windsor, NY 12553.

Dependent Name	**SS#**	**Relationship**	**Date of Birth**
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