

2011-2012 OPTIONAL SUPPLEMENTAL PLAN ENROLLMENT FORM—STUDENTS ONLY

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.

CHH0000952

(Additional Charge With Fall Enrollment Only)

School Name: Morrisville State College

Student Name: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Student ID Number: _____

Premium Enclosed \$525.00 Annual

I understand that only full-time students enrolled for the Basic Plan are eligible to purchase this Optional Supplemental Plan. Each Policy year purchase is available only at the time of initial enrollment in the Basic Plan. The Optional Supplemental Plan will terminate at the same time as my coverage under the Basic Plan.

I have read, understand, and agree to the terms and conditions of the coverage as detailed in the attached brochure.

Student Signature _____ Date _____

IMPORTANT: Injury resulting from the practice or play of intercollegiate sports is excluded from the Optional Supplemental Plan.

Make check or money order
payable to and mail to:

Marshall & Sterling, Inc.
103 Executive Drive, Suite 300
New Windsor, NY 12553

Students who elect to purchase the Optional Supplemental Plan must submit this enrollment form and applicable premium with a postmark date prior to the Policy effective date.