PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK – CHH0000252
ACCIDENT AND SICKNESS INSURANCE DEPENDENT ENROLLMENT FORM – 2011-2012

Student Name (Print) _____
(Last) (First) (M.I.)

Student Identification Number _____

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 detailed in the Description of Coverage.
I am enrolled and also wish to enroll my dependents (spouse and/or unmarried children up to age 19), listed on this form, in the Purchase College Health Insurance Plan 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 dates selected below, or on the day after the date this form and payment are received, if later, and terminates at 11:59 p.m. January 23, 2012 for Fall coverage, or August 25, 2012 for Spring/Summer coverage. Dependent coverage may only be purchased, and would terminate simultaneously and in conjunction with the Covered Student's coverage.

	Fall	**Spring/Summer**
COVERAGE DATES	***08/26/11 to 01/23/12**	**01/24/12 to 08/25/12**
Spouse	____ $ 733.00	____ $1,092.00
Child(ren)	____ $ 381.00	____ $ 571.00
Spouse and Child(ren)	____ $1,113.00	____ $1,663.00
Deadline to Enroll	**09/26/11**	**02/24/12**

*8/26/11 for dependents of new students; 9/6/11 for dependents of students maintaining continuous coverage from the previous policy year.
Please return this form with your check or money order (no cash) to: Marshall & Sterling, Attn: Ginger Huber, 103 Executive Drive, Suite 300, New Windsor, NY 12553.

SUNY PURCHASE

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Dependent's Name	SS#	Relationship	Date of Birth
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