PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK – CHH0000251
ACCIDENT AND SICKNESS INSURANCE DEPENDENT ENROLLMENT FORM – 2010-2011

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 19, 2011 for Fall coverage, or September 5, 2011 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	***08/29/10 to 01/19/11**	**01/20/11 to 09/05/11**
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	**09/24/10**	**01/31/11**

*8/29/10 for dependents of new students; 9/6/10 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

PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK
ACCIDENT AND SICKNESS INSURANCE DEPENDENT ENROLLMENT FORM – 2010-2011

Dependent's Name	SS#	Relationship	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /