

**UNIVERSITY OF THE DISTRICT OF COLUMBIA – CHH0087182  
ACCIDENT AND SICKNESS INSURANCE DEPENDENT ENROLLMENT FORM – 2011-2012**  
Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.

Student Name (Print): \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(Last) (First) (M.I.)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 University of the District of Columbia Health Insurance Plan checked below. This form is accompanied by my check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa. 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. July 31, 2012. Dependent coverage may only be purchased, and would terminate simultaneously and in conjunction with the Covered Student's coverage.

COVERAGE DATES	<u>PLAN I</u> Domestic Students		<u>PLAN II</u> International Students	
	Annual	Spring/Summer*	Annual	Spring/Summer*
	08/01/11 to 07/31/12	*01/01/12 to 07/31/12	08/01/11 to 07/31/12	*01/01/12 to 07/31/12
Spouse	_____ \$816.00	_____ \$539.00	_____ \$1,518.00	_____ \$1,001.00
Child	_____ \$484.00	_____ \$319.00	_____ \$ 828.00	_____ \$ 546.00
<b>Deadline to Enroll</b>	<b>08/31/11</b>	<b>01/31/12</b>	<b>08/31/11</b>	<b>01/31/12</b>

\*Spring/Summer – Only for new students to the University  
 Please return this form with your check or money order payable to National Union Fire Insurance Company (no cash) to: Maksin – Voluntary College, PO Box 71331, Philadelphia, PA 19176-1331  
 Complete the following if paying by Visa or MasterCard: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Card #: \_\_\_\_\_ Expires: \_\_\_\_\_  
 Cardholder Name (printed): \_\_\_\_\_ Cardholder Signatures: \_\_\_\_\_

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