

UNIVERSITY OF THE DISTRICT OF COLUMBIA

Administrator Policy #CHH0087182

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

2011-2012 OPTIONAL BENEFITS STUDENT ENROLLMENT FORM

(ADDITIONAL CHARGE AT TIME OF INITIAL ENROLLMENT)

Student Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Student ID #: _____ Date of Birth: _____
Telephone #: _____ E-Mail Address: _____

I understand that this optional coverage is available to student only and may be purchased at an additional cost. It is available only to those students enrolled in the UDC Basic Student Health Insurance Plan. This coverage must be purchased simultaneously with the Basic Student Health Insurance Plan. Each Policy year purchase is available only at the time of initial enrollment in the Basic Plan. The Optional Benefit Coverage(s) will terminate at the same time as my coverage under the Basic Plan.

By placement of my signature hereon acknowledgement is made that: 1) I have carefully read, understand, and agree to the terms and conditions of the coverage as detailed in the brochure; 2) I meet the eligibility requirements as described within the brochure; 3) if at any time it is determined I do not meet the eligibility requirements for the coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits have been paid prior to the discovery of the ineligibility; 4) the Company assumes no responsibility for notification prior to or at the termination of coverage for any insured period.

Premium will not be refunded except for ineligibility or entrance into the armed forces.

Student Signature _____ Date _____

	<u>Premium</u>	<u>Enrollment Deadline</u>
<input type="checkbox"/> Annual Optional Supplemental Accident & Sickness Expense Benefit 08/01/11-07/31/12	\$313.00	08/31/11
<input type="checkbox"/> *Spring/Summer Optional Supplemental Accident & Sickness Expense Benefit* 01/01/12-07/31/12 *Spring/Summer-only for new students to the University	\$313.00	01/31/12

Total Premium Enclosed: _____

If paying with check or money order, make payable to National Union Fire Insurance Company of Pittsburgh, Pa. and mail to:

Maksin – Voluntary College
PO Box 71331
Philadelphia, PA 19176-1331

Complete the following if paying by Visa or MasterCard:

Charge Card Authorization: Visa MasterCard Card #: _____

Expiration Date: _____ Cardholder Name (printed): _____

Signature of Cardholder: _____