

# University of Wisconsin - Stout

## 2009/2010 Student Accident & Sickness Insurance Plan

Underwritten by: Standard Security Life Insurance Company of New York  
(a New York Stock Life and Health Insurance Company)  
Policy Number: SSH0000220

### HOW TO ENROLL:

1. Enrollment Form must be completed in black or blue ink – **NO PENCIL**
2. One enrollment form per student only.
3. Make check or money order payable to: **Standard Security Life Insurance Company of New York** and mail to:  
**Jeatran Associates**  
**1321 Stout Road**  
**Menomonie, WI 54751**
4. Enclose payment with enrollment form. DO NOT mail cash. Visa or MasterCard accepted (complete bottom section of form).
5. Retain the brochure for your records. Individual policies will not be issued.

**Please complete and print clearly:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

Undergraduate     Graduate     International

The Master Policy becomes effective at 12:01 a.m. on September 1, 2009 and terminates at 11:59 p.m. on August 31, 2010. Coverage for a Covered Student will be effective on the Policy Effective Date; the Effective Date of the coverage period elected; or the day after the date the enrollment form and correct premium are received, whichever is latest. Coverage will end for the Covered Student on the earliest of a) the date the Policy terminates; b) the last day for which premium has been paid; or c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed.

I have read, understand, and agree to the terms, conditions and limitations of the insurance coverage as described in the brochure and on this enrollment form. This enrollment form is accompanied by my check or money order payable to: Standard Security Life Insurance Company of New York.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

|                               | Annual<br>09/01/09-08/31/10      | 2 Installments*<br>09/01/09-02/28/10<br>03/01/10-08/31/10 | Spring/Summer<br>01/15/10-08/31/10 | Summer<br>06/01/10-08/31/10      |
|-------------------------------|----------------------------------|---|------------------------------------|----------------------------------|
| Student                       | \$1,162 <input type="checkbox"/> | \$ 581 <input type="checkbox"/>                           | \$ 747 <input type="checkbox"/>    | \$ 291 <input type="checkbox"/>  |
| Student & Spouse              | \$4,648 <input type="checkbox"/> | \$2,324 <input type="checkbox"/>                          | \$2,988 <input type="checkbox"/>   | \$1,162 <input type="checkbox"/> |
| Student & Spouse & Child(ren) | \$6,972 <input type="checkbox"/> | \$3,486 <input type="checkbox"/>                          | \$4,482 <input type="checkbox"/>   | \$1,743 <input type="checkbox"/> |
| Student & Child(ren)          | \$3,888 <input type="checkbox"/> | \$1,944 <input type="checkbox"/>                          | \$2,500 <input type="checkbox"/>   | \$ 972 <input type="checkbox"/>  |
| <b>ENROLLMENT DEADLINE</b>    | <b>10/15/09</b>                  | <b>10/15/09</b>   | <b>02/16/10</b>                    | <b>06/30/10</b>                  |

*\*The installment method of payment is only available to students enrolling in Annual Coverage. The second installment will be billed and payment is due by 03/01/2010. To avoid a break in coverage, the second installment payment must be received by 3/31/2010. No payment will be accepted after 3/31/2010.*

**Complete this section if you are electing dependent coverage:**

I am enrolled and also wish to enroll my legal spouse and/or dependent children (unmarried children under age 23 who are not self-supporting and residing with me), listed below, in the University of Wisconsin – Stout Student Accident & Sickness Insurance Plan. Dependent coverage may only be purchased simultaneously and in conjunction with the Covered Student’s coverage. Dependent coverage expires concurrently with that of the Covered Student.

| DEPENDENT NAME | RELATIONSHIP | GENDER | DATE OF BIRTH |
|----------------|--------------|--------|---------------|
| _____          | _____        | _____  | _____         |
| _____          | _____        | _____  | _____         |
| _____          | _____        | _____  | _____         |

**Complete section if paying by Visa/MasterCard & mail to above address:** Charge Card Authorization:  Visa  MasterCard

Card No.: \_\_\_\_\_ Charge this amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

(Print) Name of Cardholder \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_