

**2011-2012 ENROLLMENT CARD  
WESLEY COLLEGE STUDENT HEALTH INSURANCE PLAN  
(PLEASE PRINT WITH PEN OR TYPE)**

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. – Policy Number CHH0057572

LAST NAME                      FIRST NAME                      MIDDLE INITIAL                      STUDENT ID #                      EMAIL ADDRESS

Student \_\_\_\_\_

Local Address \_\_\_\_\_ Telephone # \_\_\_\_\_

	ANNUAL 8/1/11–8/1/12	*SPRING/SUMMER 1/14/12–8/1/12	DATE OF BIRTH
Optional Supplemental Major Medical Plan	\$350	\$350	___ / ___ / ___
Domestic Part-Time & Graduate Students	\$460	\$270	___ / ___ / ___

Only Covered Students enrolled in the Basic Student Health Plan are eligible to enroll in the Optional Supplemental Major Medical Plan. **\*\*Enrollment in the Optional Supplemental Major Medical Plan must be concurrent with enrollment in the Basic Student Plan. No enrollment form will be accepted beyond 31 days from the effective date for term of coverage as shown above – September 1, 2011 for Annual Coverage / February 14, 2012 for Spring/Summer Coverage).**

\*Only for new, incoming students to the College

**Student Notice:** By placement of your signature hereon, acknowledgement is made that 1) you have carefully read, understand and agree to the terms and conditions of this coverage as detailed in the brochure; 2) you meet the eligibility requirements as described within the brochure; 3) if at any time it is determined you do not meet the eligibility requirements for this 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 to the Coverage Person prior to or at the termination of coverage for any insured period.  
*Rates are not pro-rated. Refunds are allowed only upon entry into the armed forces.*

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

**Make check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa., and Mail to:  
Maksin-Voluntary College, P.O. Box 71331, Philadelphia, PA 19176-1331.**