

**2010-2011 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 CHH0057571

LAST NAME                      FIRST NAME                      MIDDLE INITIAL                      STUDENT ID #                      EMAIL ADDRESS

Student \_\_\_\_\_

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

	ANNUAL 8/1/10*–8/1/11	SPRING/SUMMER 1/14/11–8/1/11	DATE OF BIRTH
Optional Supplemental Major Medical Plan	\$350	\$214	___ / ___ / ___
Mandatory International Plan	\$802	\$464	___ / ___ / ___

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 30 days from the effective date for term of coverage as shown above – August 31, 2010 for Annual Coverage / February 13, 2011 for Spring/Summer Coverage).**

\*8/27/10 for students maintaining continuous coverage from the previous year.

**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.*

**Make check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa., and Mail to: Maksin Management, P.O. Box 2849, Camden, NJ 08101-2849.**

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

Underwritten by:  
National Union Fire Insurance Company of Pittsburgh, Pa.  
with its principal place of business in New York, NY

Insured \_\_\_\_\_

Student ID # \_\_\_\_\_

Student of  
**WESLEY COLLEGE**  
2010-2011 Student Insurance Plan  
Policy #CHH0057571

Both the effective and termination  
dates of coverage  
are subject to verification by the  
Insurance Company.  
(Address on reverse side.)

