

**2009/2010 Anderson University
Student Insurance Enrollment Card**

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

Student's Name _____
Last First M.I.

Date of Birth _____ Gender _____ Student ID No. _____ Telephone No. () _____
Month/Day/Year Male/Female

Billing Address _____
Street City State Zip

Email Address

I have carefully read the brochure and elect to enroll as indicated below. Rates are not prorated other than as listed below. My remittance in the amount of \$ _____ is enclosed. Payment by: _____ Check _____ Money Order or _____ Visa/MasterCard. If you want coverage for yourself and dependents you must complete reverse side of this enrollment form and follow the instructions listed.

PLEASE NOTE: Premium rates for International Students must be paid at Registration and submitted with a completed enrollment form.

	Annual 8/15/09 to 8/15/10	Fall 8/15/09 to 12/31/09	Spring/Summer 1/01/10 to 8/15/10	Summer 5/15/10 to 8/15/10
Student Only Under Age 26	<input type="checkbox"/> \$ 576.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$ 336.00	<input type="checkbox"/> \$192.00
Spouse	<input type="checkbox"/> \$1,440.00	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$ 840.00	<input type="checkbox"/> \$480.00
Each Child	<input type="checkbox"/> \$ 864.00	<input type="checkbox"/> \$360.00	<input type="checkbox"/> \$ 504.00	<input type="checkbox"/> \$288.00
Student Age 26 and Over	<input type="checkbox"/> \$1,152.00	<input type="checkbox"/> \$480.00	<input type="checkbox"/> \$ 672.00	<input type="checkbox"/> \$384.00
Spouse	<input type="checkbox"/> \$2,880.00	<input type="checkbox"/> 1,200.00	<input type="checkbox"/> \$1680.00	<input type="checkbox"/> \$960.00
Each Child	<input type="checkbox"/> \$ 864.00	<input type="checkbox"/> \$360.00	<input type="checkbox"/> \$ 504.00	<input type="checkbox"/> \$288.00

Semester payments are available and the semester is to be paid in full even though the semester may already be in progress at the time you enroll. A Covered Person will receive a billing notice for the Spring/Summer and Summer Semesters. Make check or money order payable to National Union Fire Insurance Company and send to Maksin Management, PO Box 2849, Camden, NJ 08101-2849.

-See Reverse Side-

Administrator Policy No.: AMH9029730
Underwriter Reference No.: CAS9710230

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Administrator Policy No.: AMH9029730
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List Eligible Dependents to be covered below. Dependent coverage is available only if the Covered Student is also insured. An Eligible Spouse and/or Dependent Children must purchase the same plan as the Covered Student.

	Last Name	First Name	MI	Date of Birth
Spouse	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____

STUDENT NOTICE: Coverage will be effective the day after the date the enrollment card and correct premium are received by the Company, or the effective date of the Coverage Term elected, whichever is later, unless otherwise stated in the Master Policy. It is the Covered Student's responsibility for timely renewal payments. By placement of your signature hereon, acknowledgment 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 and any covered family member meet the eligibility requirements as described within the insurance brochure; 3) if at any time it is determined you, or any covered family member, did 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 had been paid prior to discovery of the ineligibility; 4) the Company assumes no responsibility for notification to the Covered Person prior to or at the termination of coverage for any insured period.

The last date to enroll for Coverage is 31 days from the Effective Date of the Coverage Term elected. If other than the Annual Coverage Term is elected, it is the Covered Student's sole responsibility to pay the subsequent premium in a timely manner, or continuous insurance will not be maintained.

Please indicate your student status (choose one category):

A. Domestic Undergraduate Student B. Domestic Graduate Student C. International Student D. J-1 Visiting Scholar

Signature _____ Date _____

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	Last Name	First Name	MI	Date of Birth
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