

**INFORMATION FOR**  
**STUDENT INSURANCE PLAN ROSTERING**

**Insured Students Roster File - For schools that roster students in the student insurance plan as part of registration, and who then send a roster and premium payment to SAS, Inc. for enrollment in the insurance plan:**

To assist us in completing a timely enrollment of your insured students in our system, we are requesting that the roster be provided in an electronic file. This file (Zipped if necessary) can be provided to us on a disk or as an attachment to an e-mail message (*An e-mail attachment is preferred.*). We would ideally like to have an Excel file or a TEXT file separated by Tabs with the following fields (not necessarily in this order):

<b>SS#</b>	9 numbers no alpha
<b>School ID #</b>	
<b>First Name</b>	First letter capitalized and the rest lower case
<b>Last Name</b>	First letter capitalized and the rest lower case
<b>Initial</b>	Initial only
<b>Date of Birth</b>	mm/dd/yyyy
<b>Grade Level</b>	U=undergraduate, G=graduate or I=Foreign National
<b>Gender</b>	M or F
<b>Email Address</b>	Exactly as it reads
<b>Address (1)</b>	We have 2 lines available for addresses
<b>Address (2)</b>	
<b>City</b>	
<b>State</b>	Abbreviated
<b>Zip Code</b>	5 numbers only
<b>Dates of Coverage</b>	(one field) example = 08/01/2009 – 12/31/2009
<b>Premium Paid for Student Plan</b>	
<b>Premium Paid for Optional Sports Plan</b>	

\*If a student purchases coverage for a **dependent**, please send the dependent information under separate cover. Please include full name, date of birth, social security number and dependent status – spouse or child.

**Thank you for following this procedure.**

If you have any questions, please contact Marie at 800-328-2739, extension 211.