

MCNEESE STATE UNIVERSITY 2015-2016

STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

NATIONWIDE LIFE INSURANCE COMPANY • Home Office: Columbus, OH • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

You can either enroll online at: www.sas-mn.com or enroll by completing this enrollment form. Indicate premium selected. Return this form to Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082.

Student's Name _____ Soc. Sec. # _____
 (Please Print) (Last) (First) (MI)

Address _____ Phone# _____
 (Street) (City) (State) (Zip)

Undergraduate Graduate International Birthdate _____ email: _____
 (MM/DD/YY)

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____.
 Return Enrollment form to: Student Assurance Services, Inc.; PO Box 196; Stillwater MN 55082

Credit Card: Premium \$ _____ + required \$15 transaction fee = \$ _____ charge to VISA® MasterCard® or Discover®

Credit Card Number _____ Security Code (on back of card, 3 digits) _____ Card Expiration Date (Month) _____ (Year) _____

**Credit card billing will state:
 "Student Assurance Services, Inc."**

Cardholder Name/Cardholder Signature _____ Date _____ / _____ / _____
 (Phone No.) MM DD YY

Cardholder Address _____
 (Street) (City) (State) (Zip)

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Student Signature _____ Date _____ / _____ / _____
 MM DD YY

PREMIUM:	FALL 08-01-2015 to 01-06-2016	SPRING 01-07-2016 to 05-27-2016	SUMMER 05-28-2016 to 07-31-2016
Student Only:	<input type="checkbox"/> \$ 783.00	<input type="checkbox"/> \$ 783.00	<input type="checkbox"/> \$ 470.00
Spouse:	<input type="checkbox"/> \$ 783.00	<input type="checkbox"/> \$ 783.00	<input type="checkbox"/> \$ 470.00
Each Child:	<input type="checkbox"/> \$ 783.00	<input type="checkbox"/> \$ 783.00	<input type="checkbox"/> \$ 470.00

Premium includes an agent service fee.
 Coverage becomes effective on the later of: the Policy Effective Date 08-01-2015; the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the Plan Administrator. All coverage expires on 07-31-2016 or when premium for the insurance coverage is due and unpaid. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master Policy. **This plan has an enrollment period, refer to the online brochure www.sas-mn.com.**

DEPENDENT INFORMATION - Complete if purchasing dependent coverage.

Spouse's Name _____ Birthdate _____
 Soc. Sec. # _____ MM/DD/YY

Child's Name _____ Birthdate _____
 Soc. Sec. # _____ MM/DD/YY

Child's Name _____ Birthdate _____
 Soc. Sec. # _____ MM/DD/YY

We do not accept enrollment by fax or telephone.