

RICE UNIVERSITY • INTERNATIONAL STUDENT 2018-2019 ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM

COMMERCIAL CASUALTY INSURANCE COMPANY • Home Office: Springfield, MA • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

Students must enroll in this plan or provide proof of comparable coverage to the International Business Office. To enroll complete and return this form to: Student Assurance Services, Inc. P.O. Box 196 Stillwater, MN 55082-0196; or enroll online at www.sas-mn.com.

Student's Name _____ Birthdate _____ Gender _____
(Please Print) (Last) (First) (M.I.) (MM/DD/YY) (M or F)

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

Rice University Student ID _____ email: _____ Phone No. _____

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____ .

Mail to: Student Assurance Services, Inc., P. O. Box 196, Stillwater, MN 55082-0196.

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)

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

Cardholder Name/Cardholder Signature _____ Date _____ / _____ / _____
(Phone #) MM DD YY

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

	Annual <u>08-15-2018 to 08-14-2019</u>	Fall <u>08-15-2018 to 12-31-2018</u>	Spring/Summer <u>01-01-2019 to 08-14-2019</u>
Student Only	<input type="checkbox"/> \$1,433	<input type="checkbox"/> \$ 546	<input type="checkbox"/> \$ 887
Spouse	<input type="checkbox"/> \$1,433	<input type="checkbox"/> \$ 546	<input type="checkbox"/> \$ 887
Each Child	<input type="checkbox"/> \$1,433	<input type="checkbox"/> \$ 546	<input type="checkbox"/> \$ 887

This plan has an enrollment period, refer to the online brochure. Premium includes administrative fees.

Coverage becomes effective on the later of the Master Policy effective date 08-15-2018; the first day of the term for which the proper premium has been paid; or 12:01 a.m. on the date the proper premium is received by the Plan Administrator or University. All coverage expires on the earlier of: Master Policy expiration date 08-14-2019; 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.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

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

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

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

Student Signature _____ Date _____ / _____ / _____

We do not accept enrollment by fax or telephone.

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