

RICE UNIVERSITY • SCHOLARS

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

Scholars must enroll in this plan or provide proof of comparable coverage to the International Business Office. Scholars are encouraged to submit their request for coverage in a timely manner. To enroll either complete this form and return it to: Student Assurance Services, Inc.; P.O. Box 196; Stillwater, MN 55082-0196; or enroll online www.sas-mn.com.

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

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

Rice University Scholar 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 Discover

Credit Card Number

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

Credit card number input boxes

Security code input boxes

Card expiration date input boxes

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

Cardholder Name/Cardholder Signature Date MM / DD / YY

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

*Monthly Premium

Scholar Spouse Each Child \$122 \$122 \$122 Number of Months* Coverage: X Monthly Premium = Premium Amount: \$ Effective Date of Coverage: Expiration Date of Coverage

Scholars purchasing monthly coverage must enter the effective and expiration date of coverage. Dependents must enroll when the scholar first enrolls in the insurance plan, and must enroll for the same coverage period as the scholar.

Scholars must purchase a minimum of 3 months of coverage. *Month means either a full or partial calendar year month. The premium is charged for each calendar month or partial calendar month during which a scholar's insurance is in force. For example, coverage from November 29th through January 29th would be 3 months. Premium includes an administrative fee. This plan has an enrollment period, refer to the online brochure.

Coverage becomes effective on the later of: the Master Policy effective date 08-15-2018; or the date of the requested effective date of coverage entered above; or 12:01 a.m. on the date the proper premium is received by the Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2019; or last day of the calendar month for which the premium is paid; or the date of the requested expiration date of coverage entered above.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

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)

Childs Name Birthdate Gender Soc. Sec. # MM/DD/YY (M/F)

Scholar Signature Date / /

We do not accept enrollment by fax or telephone

D-68TX(enr)(B)