WASHBURN UNIVERSITY
2008-2009 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381

Either complete this enrollment form or enroll online for student accident and sickness insurance at www.sas-mn.com.
Mail Enrollment Form to Student Assurance Services P.O. Box 8126 Wichita, KS 67208-0126.

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 $ _____

☐ Please charge $ _____ to the following credit card: ☐ VISA® or ☐ MasterCard®

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 _____ (Phone No.) Date _____ MM/DD/YY

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

	Annual 08-15-08 to 08-14-09	***Semi-Annual Installment** 08-15-08 to 02-14-09 02-15-09 to 08-14-09	***Quarterly Installment** 08-15-08 to 11-14-08 11-15-08 to 02-14-09 02-15-09 to 05-14-09 05-15-09 to 08-14-09	**Spring-Summer** 01-15-09 to 08-14-09	**Summer** 05-26-09 to 08-14-09
STUDENTS AGE 29 & UNDER					
Student Only	$ 900	$ 460	$ 235	$ 530	$ 194
Student and Spouse	$3,600	$1,810	$ 910	$2,091	$ 744
Student, Spouse and Child(ren)	$5,400	$2,710	$1,360	$3,131	$1,112
Student and Child(ren)	$2,700	$1,360	$ 685	$1,571	$ 561
STUDENTS AGE 30 & OVER					
Student Only	$1,440	$ 730	$ 370	$ 842	$ 304
Student and Spouse	$5,760	$2,890	$1,450	$3,339	$1,185
Student, Spouse and Child(ren)	$8,640	$4,330	$2,170	$5,004	$1,773
Student and Child(ren)	$4,320	$2,169	$1,090	$2,507	$ 892

This plan has an Enrollment Period, refer to the brochure that accompanies this Enrollment Form
***The Semi-Annual and Quarterly installment payment is only available to students enrolling in Annual coverage.**
Coverage becomes effective on the later of: the Policy Effective Date (08-15-2008); 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 Servicing Agent or Plan Administrator. All coverage expires on 08-14-2009, or when payment 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 _____
Soc. Sec. #

Child's Name _____ Birthdate _____
Soc. Sec. #

Child's Name _____ Birthdate _____
Soc. Sec. #

Student Signature _____ Date _____
MM/DD/YY