

**UNIVERSITY OF WISCONSIN-WHITEWATER
2009-2010 DOMESTIC 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
 COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • Home Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381

To apply for Student Accident and Sickness Insurance, either complete this enrollment form or enroll on-line at: www.sas-mn.com

Undergraduate Graduate Student ID: _____ Credit Hours _____

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

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

Birthdate _____ Telephone _____ email: _____
(MM/DD/YY)

PREMIUM SCHEDULE (INDICATE PREMIUM SELECTED)

	ANNUAL	FALL	SPRING	SPRING/SUMMER	SUMMER
Student	<input type="checkbox"/> \$ 1,234.00	<input type="checkbox"/> \$ 516.00	<input type="checkbox"/> \$ 479.00	<input type="checkbox"/> \$ 738.00	<input type="checkbox"/> \$ 269.00
Student & Spouse	<input type="checkbox"/> \$ 4,936.00	<input type="checkbox"/> \$ 2,034.00	<input type="checkbox"/> \$ 1,886.00	<input type="checkbox"/> \$ 2,922.00	<input type="checkbox"/> \$ 1,046.00
Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 8,020.00	<input type="checkbox"/> \$ 3,298.00	<input type="checkbox"/> \$ 3,058.00	<input type="checkbox"/> \$ 4,742.00	<input type="checkbox"/> \$ 1,694.00
Student & Child(ren)	<input type="checkbox"/> \$ 4,318.00	<input type="checkbox"/> \$ 1,780.00	<input type="checkbox"/> \$ 1,651.00	<input type="checkbox"/> \$ 2,558.00	<input type="checkbox"/> \$ 917.00

****Optional Major Medical Coverage - \$ 250**

****Optional Intercollegiate Sports - All Sports including Football - \$ 550 Annual All Sports except Football - \$ 300 Annual**

**Per person, payable when first enrolled in the plan. Students must be enrolled in the Basic Injury and Sickness Benefits of this Insurance plan in order to purchase Optional Intercollegiate Sports Coverage or Optional Major Medical Coverage. Optional Coverage will terminate when your Accident and Sickness Insurance plan terminates. Optional Major Medical Coverage can be purchased for the student only, or for the student and their dependent(s). Optional coverage is not available for dependents only.

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

EFFECTIVE / EXPIRATION PERIODS

ANNUAL: 08-05-2009 to 08-04-2010
FALL: 08-05-2009 to 12-31-2009
SPRING: 01-01-2010 to 05-19-2010
SPRING/SUMMER: 01-01-2010 to 08-04-2010
SUMMER: 05-20-2010 to 08-04-2010

ENROLLMENT PERIODS

Students and eligible dependents must submit enrollment and payment prior to the enrollment deadline date for each term of coverage:

ANNUAL AND FALL: 09-30-2009
SPRING: 02-02-2010
SPRING/SUMMER: 02-02-2010
SUMMER: 06-21-2010

Coverage becomes effective on the later of: the Policy Effective Date (08-05-2009); 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 the earlier of: 08-04-2010, or when payment for your Accident and Sickness 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. Any refund will be subject to a \$25 administrative fee.

Please charge \$ _____ to the following credit card: VISA® MasterCard® or Discover® Card Expiration Date _____
Credit Card Number Security Code (on back of card, 3 digits) (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)

I understand the policy excludes benefits for a Pre-Existing Condition, not subject to Credit for Prior Coverage, until I am continuously covered under the policy for 6 months.

Student Signature _____ Date ____/____/____

ENROLLMENT INSTRUCTIONS

Participation in this plan is voluntary. To Enroll:

1. Complete the Insurance Enrollment Form or enroll on-line at www.sas-mn.com. Print all information legibly and indicate the Coverage and Options you desire.
2. Enclose your check or money order payable to: **Student Assurance Services, Inc.** or complete all credit card information.
3. Send to: **Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196.**

Insurance Enrollment Forms which are incomplete, illegible or accompanied by insufficient premium will be returned unprocessed. If coverage is desired, a new Insurance Enrollment Form, and the correct premium must be submitted. Checks or credit cards that do not clear the bank will void coverage.