

2009-2010 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

To apply for Student Accident & Sickness Insurance, either complete this Enrollment Form or enroll online at www.sas-mn.com.

School's Name _____

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 \$ _____

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

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.)

Cardholder Address _____

PREMIUMS (Indicate premium selected)	Annual	Quarterly
	08-15-2009 to 08-14-2010	08-15-2009 to 11-14-2009 11-15-2009 to 02-14-2010 02-15-2010 to 05-14-2010 05-15-2010 to 08-14-2010
Student Only - Age 30 and Under	<input type="checkbox"/> \$ 825.00	<input type="checkbox"/> \$ 217.00
Each Dependent	<input type="checkbox"/> \$ 2,475.00	<input type="checkbox"/> \$ 629.00
Student Only - Age 31 and Over	<input type="checkbox"/> \$ 1,650.00	<input type="checkbox"/> \$ 423.00
Each Dependent	<input type="checkbox"/> \$ 4,950.00	<input type="checkbox"/> \$ 1,248.00

It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. Coverage becomes effective on the later of the Policy Effective Date (08-15-2009); 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 08-14-2010, or when payment is due and unpaid. Please list names of dependents separately. Incomplete Enrollment Forms cannot be processed and will be returned. No refunds, except as provided in Master Policy. Any refund provided will be subject to a \$25 administrative fee.

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 ____/____/____