DRAKE UNIVERSITY • 2009-2010 DOMESTIC STUDENT ACCIDENT AND 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.

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

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

Soc. Sec. # ☐☐☐ - ☐☐ - ☐☐☐☐ email: _____ Phone No. _____

☐Amount Enclosed $ _____ Make check payable to: Student Assurance Services, Inc.

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

☐Please charge $ _____ to the following credit card: ☐VISA® ☐MasterCard® ☐Discover® Card Expiration Date

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐ ☐☐ - ☐☐

Credit Card Number (CVV2) (Month) (Year)

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

Cardholder Name/Cardholder Signature _____ Date____/____/____
(Phone No.)

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

PREMIUMS (Indicate premium selected)

	Annual 08-01-2009 to 07-31-2010	Spring/Summer 01-01-2010 to 07-31-2010	Summer 05-01-2010 to 07-31-2010
Student Only	☐$ 995.00	☐$ 584.00	☐$ 254.00
Spouse	☐$ 2,925.00	☐$ 1,706.00	☐$ 740.00
Child	☐$ 1,950.00	☐$ 1,139.00	☐$ 495.00
Children	☐$ 3,900.00	☐$ 2,272.00	☐$ 986.00
**Optional Intercollegiate Sports	☐$ 300.00	☐$ 300.00	☐$ 300.00

Coverage becomes effective on the later of the Policy Effective Date (08-01-2009); 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 eariler of: 07-31-2010, or when payment for your accident and sickness coverage is due and unpaid. No refunds, except as provided in the Master policy. **This plan has an Enrollment Period, refer to the brochure that accompanies this Enrollment Form. Fall only enrollment option is not available.**

**** Intercollegiate Sports coverage is required by the University if you are an athlete and purchasing the Accident and Sickness coverage. 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. Optional Coverage will terminate when your Accident and Sickness Insurance plan terminates.

It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage.)

Spouse's Name/Soc.Sec.# _____ Child's Name/Soc.Sec.# _____

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

Student Signature _____ Date____/____/____

A276CFG U-17IA(enrA)