

# 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](http://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®

Credit Card Number	Security Code (on back of card, 3 digits)	Card Expiration Date (Month) (Year)	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	

**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)

	<b>Annual</b>	<b>Quarterly</b>
		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"/> \$ 750.00	<input type="checkbox"/> \$ 190.00
Each Dependent	<input type="checkbox"/> \$ 2,250.00	<input type="checkbox"/> \$ 567.00
Student Only - Age 31 and Over	<input type="checkbox"/> \$ 1,100.00	<input type="checkbox"/> \$ 278.00
Each Dependent	<input type="checkbox"/> \$ 3,850.00	<input type="checkbox"/> \$ 967.00

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. 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 \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_

MM/DD/YY

Child's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_

MM/DD/YY

Child's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_

MM/DD/YY

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ENROLLMENT INSTRUCTIONS**

Participation in this plan is voluntary. Premiums are not pro-rated. The total premium must be paid for the term you enroll in, even though the term may be in progress. To Enroll:

1. Complete the attached Insurance Enrollment Form or enroll online at [www.sas-mn.com](http://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.**