UNIVERSITY OF WISCONSIN-WHITEWATER
2011-2012 DOMESTIC STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

To apply for student accident and sickness insurance complete this enrollment form. If purchasing student only coverage, you also have the option to enroll online at www.sas-mn.com. If purchasing dependent coverage, you must complete both sides of the enrollment form and mail it with your payment.

☐ 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 Age 29 & Under	☐ $ 1,485.00	☐ $ 619.00	☐ $ 578.00	☐ $ 894.00	☐ $ 323.00
Spouse	☐ $ 4,455.00	☐ $1,836.00	☐ $ 1,713.00	☐ $ 2,663.00	☐ $ 948.00
Spouse and Child(ren)	☐ $ 8,167.00	☐ $3,358.00	☐ $ 3,132.00	☐ $ 4,874.00	☐ $ 1,729.00
Child(ren)	☐ $ 3,713.00	☐ $1,532.00	☐ $ 1,429.00	☐ $ 2,221.00	☐ $ 792.00
Student Age 30 to Age 39	☐ $ 2,425.00	☐ $1,004.00	☐ $ 937.00	☐ $ 1,454.00	☐ $ 521.00
Spouse	☐ $ 7,275.00	☐ $2,993.00	☐ $ 2,791.00	☐ $ 4,343.00	☐ $ 1,542.00
Spouse and Child(ren)	☐ $ 13,338.00	☐ $5,478.00	☐ $ 5,109.00	☐ $ 7,954.00	☐ $ 2,818.00
Child(ren)	☐ $ 6,063.00	☐ $2,496.00	☐ $ 2,328.00	☐ $ 3,621.00	☐ $ 1,286.00
Student Age 40 to Age 49	☐ $ 2,970.00	☐ $1,228.00	☐ $ 1,145.00	☐ $ 1,779.00	☐ $ 635.00
Spouse	☐ $ 8,910.00	☐ $3,663.00	☐ $ 3,416.00	☐ $ 5,317.00	☐ $ 1,886.00
Spouse and Child(ren)	☐ $ 16,335.00	☐ $6,707.00	☐ $ 6,254.00	☐ $ 9,739.00	☐ $ 3,449.00
Child(ren)	☐ $ 7,425.00	☐ $3,054.00	☐ $ 2,848.00	☐ $ 4,432.00	☐ $ 1,573.00
Student Age 50 to Age 59	☐ $ 3,210.00	☐ $1,326.00	☐ $ 1,237.00	☐ $ 1,922.00	☐ $ 686.00
Spouse	☐ $ 9,630.00	☐ $3,958.00	☐ $ 3,691.00	☐ $ 5,745.00	☐ $ 2,037.00
Spouse and Child(ren)	☐ $ 17,655.00	☐ $7,248.00	☐ $ 6,759.00	☐ $10,525.00	☐ $ 3,727.00
Child(ren)	☐ $ 8,025.00	☐ $3,300.00	☐ $ 3,078.00	☐ $ 4,789.00	☐ $ 1,699.00
Student Age 60 to Age 64	☐ $ 3,425.00	☐ $1,414.00	☐ $ 1,319.00	☐ $ 2,050.00	☐ $ 731.00
Spouse	☐ $ 10,275.00	☐ $4,222.00	☐ $ 3,938.00	☐ $ 6,129.00	☐ $ 2,173.00
Spouse and Child(ren)	☐ $ 18,838.00	☐ $7,733.00	☐ $ 7,211.00	☐ $11,229.00	☐ $ 3,976.00
Child(ren)	☐ $ 8,563.00	☐ $3,521.00	☐ $ 3,283.00	☐ $ 5,110.00	☐ $ 1,813.00

***Optional Major Medical Coverage - ❒ $ 250 per person - payable when first enrolled in the plan**
***Optional Intercollegiate Sports - All sports including Football - ❒$ 700 Annual All sports excluding Football - ❒ $ 450 Annual**
*****Students must enroll in the basic injury and sickness benefit of the insurance plan in order to purchase optional major medical and optional intercollegiate sports coverage. Optional coverage will terminate when the accident and sickness insurance plan terminates. Optional major medical coverage can be purchased for the student only, or for the student and dependents. Optional major medical coverage is not available for dependents only.

EFFECTIVE / EXPIRATION PERIODS

ANNUAL: ❒ 08-05-2011 to 08-04-2012
FALL: ❒ 08-05-2011 to 12-31-2011
SPRING: ❒ 01-01-2012 to 05-19-2012
SPRING/SUMMER: ❒ 01-01-2012 to 08-04-2012
SUMMER: ❒ 05-20-2012 to 08-04-2012

ENROLLMENT PERIODS

Students and eligible dependents must submit enrollment and payment prior to the enrollment period deadline date for each term of coverage:
ANNUAL AND FALL: 09-30-2011
SPRING: 02-01-2012
SPRING/SUMMER 02-01-2012
SUMMER: 06-20-2012

Coverage becomes effective on the later of: the Master Policy effective date 08-05-2011; 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: the Master Policy expiration date 08-04-2012, or when premium for the accident and sickness insurance 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 provided is subject to a $25 administration 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

Child's Name _____ Soc. Sec. # _____ Birthdate _____ 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., PO Box 196, Stillwater, MN 55082-0196

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

☐ 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)

Cardholder Name/Cardholder Signature _____ (Phone No.) Date ___/____/____ (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 ___/____/____