

DAKOTA WESLEYAN UNIVERSITY—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
 COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • Home Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381
IMPORTANT: ALL STUDENTS MUST COMPLETE AND RETURN THIS FORM TO THE STUDENT SERVICES OFFICE AT REGISTRATION. To enroll for dependent coverage complete the Dependent information on the back of this form and contact the Servicing Agent.

YES, I want the Student Accident and Sickness Insurance.

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

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

Student I.D. Number _____ Credit Hours _____

Semi-Annual Installment
08-23-2009 to 02-22-2010
02-23-2010 to 08-22-2010

Spring/Summer Semester
01-05-2010 to 08-22-2010

Student Only \$368.00 \$ 467.00
Each Dependent \$925.00 \$1,175.00

*Optional Intercollegiate Sports Coverage \$175.00 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.

Student Signature _____ Date ____/____/____

A276CFG **PLEASE COMPLETE THE SEPARATE WAIVER OF INSURANCE FORM IF DECLINING COVERAGE** U-141SD (enr)

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DEPENDENT NAMES

Spouse's Name _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Birthdate _____
	Soc. Sec.#	(MM/DD/YY)
Child's Name _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Birthdate _____
	Soc. Sec.#	(MM/DD/YY)
Child's Name _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Birthdate _____
	Soc. Sec.#	(MM/DD/YY)
Child's Name _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Birthdate _____
	Soc. Sec.#	(MM/DD/YY)

Premiums are not prorated. The total premium must be paid for the term you enroll in even though the term may be in progress. Your coverage becomes effective on the later of: the Policy Effective Date 08-23-2009 (or 08-01-2009 for Intercollegiate Sports); 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 Student Services Office or Servicing Agent. Accident and Sickness coverage expires on 08-22-2010, or when payment is due and unpaid. Optional Intercollegiate Sports coverage expires on the earlier of: 07-31-2010, or when payment for your Accident and Sickness coverage expires. 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. Student premium will be added to the student's account.

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U-141SD(enr)

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