

# UNIVERSITY OF WISCONSIN-EAU CLAIRE

## 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

To apply for Insurance coverage, either complete this Enrollment Form or enroll on-line at: [www.sas-mn.com](http://www.sas-mn.com). Make your check payable to Student Assurance Services, Inc. Mail the completed form and payment to Student Insurance Program, P.O. Box 593, Eau Claire, WI 54702.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 (Please Print) (Last) (First) (MI)

Billing Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Soc. Sec. #    -    -    Grade Level \_\_\_\_\_ E-mail \_\_\_\_\_

Premiums are not prorated. The total premium must be paid for the term you enroll in even though the term may be in progress. Coverage becomes effective on the later of the Policy Effective Date (08-26-2009); 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 or Servicing Agent. All coverage expires 11:59 p.m. on 08-25-2010, or when payment is due and unpaid. No refunds, except as provided in the Master policy. Any refund will be subject to a \$25 administrative fee.

	Annual 08-26-09 to 08-25-10	*Tri-Annual 08-26-09 to 12-25-09 12-26-09 to 04-25-10 04-26-10 to 08-25-10	Spring-Summer 01-25-10 to 08-25-10	Summer 06-08-10 to 08-25-10
<b>STUDENTS AGE 30 &amp; UNDER</b>				
Student Only	\$ 897	\$ 309	\$ 553	\$ 225
Student and Spouse	\$ 2,995	\$ 1,009	\$ 1,822	\$ 729
Student, Spouse and Child(ren)	\$ 5,100	\$ 1,710	\$ 3,096	\$ 1,234
Student and Child(ren)	\$ 2,995	\$ 1,009	\$ 1,822	\$ 729
<b>STUDENTS AGE 31 &amp; OVER</b>				
Student Only	\$ 1,168	\$ 399	\$ 717	\$ 290
Student and Spouse	\$ 3,908	\$ 1,313	\$ 2,374	\$ 948
Student, Spouse and Child(ren)	\$ 6,649	\$ 2,226	\$ 4,033	\$ 1,606
Student and Child(ren)	\$ 3,908	\$ 1,313	\$ 2,374	\$ 948

\*The Tri-Annual installment method of payment is only available to students enrolling in Annual coverage. The second installment will be billed and is due on 12-26-2009. The third installment will be billed and due on 04-26-2010. 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 \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Soc. Sec # \_\_\_\_\_ (MM/DD/YY)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Soc. Sec # \_\_\_\_\_ (MM/DD/YY)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Soc. Sec # \_\_\_\_\_ (MM/DD/YY)

I understand the policy excludes benefits for Pre-existing Conditions until I am continuously covered under the policy for 12 months.

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