MEDAILLE COLLEGE 2011-2012 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • Home Office: Binghamton, NY Administrative Service Office: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082

To apply for student accident and sickness insurance, either complete this enrollment form or enroll online at: www.sas-mn.com. If purchasing dependent coverage, complete dependent information below.

Student's Name _____ Soc. Sec. # ☐☐☐-☐☐-☐☐☐☐
(Please Print) (Last) (First) (MI)

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

❒ UnderGraduate ❒ Graduate ❒ International Birthdate _____ Credit Hours _____ 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., PO 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) ☐☐

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Student Signature _____ Date ____/____/___

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

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

ANNUAL	**SPRING/SUMMER** 08-15-2011 to 08-14-2012	**SUMMER** 01-01-2012 to 08-14-2012	05-15-2012 to 08-14-2012
Student	❒$ 625.00	❒$ 398.00	❒$ 166.00
Spouse	❒$1,875.00	❒$1,173.00	❒$ 479.00
Each Child	❒$1,250.00	❒$ 785.00	❒$ 323.00
*Optional Intercollegiate Sports Benefit	❒$ 115.00 per athlete		

*Student athletes must be enrolled in the basic injury and sickness benefit of the insurance plan in order to purchase optional intercollegiate sports. Optional coverage will terminate when the accident and sickness insurance plan terminates.

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 Master Policy effective date 08-15-2011; 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 08-14--2012, or when premium for the 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.

DEPENDENT INFORMATION

Spouse's Name _____ Birthdate _____
Soc. Sec. #

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

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