FARMINGDALE STATE COLLEGE
2009-2010 DEPENDENT ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ÅHome Office: Vestal Parkway E., P.O. Box 1381 ÅBinghamton, NY 13902-1381

Student's Name _____ Birthdate _____
(Please Print) (Last) (First) (M.I.) (MM/DD/YY)

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

Soc. Sec. # ☐☐☐ - ☐☐ - ☐☐☐☐ email: _____ Phone No. _____

☐ Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of $ _____
Mail to: S tudent Assurance Services, Inc. ÅP.O. Box 196 ÅStillwater, MN 55082-0196

☐ Please charge $ _____ to the following credit card: ☐ VISA® or ☐ MasterCard®

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."

Cardholder Name/Cardholder Signature _____ Date____/____/____
(Phone No.)

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

PREMIUMS

	Annual 08-27-2009 to 08-26-2010	Spring/Summer 01-28-2010 to 08-26-2010
Each Dependent	☐ $ 1,600.00	☐ $ 952.00

Coverage becomes effective on the later of the Policy Effective Date 08-27-2009 (or 08-10-2009 for athletes participating in 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 College or Plan Administrator. All coverage expires on 08-26-2010, or when payment 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.

DEPENDENT INFORMATION

Spouse's Name/Soc.Sec.# _____ Child's Name/Soc.Sec.# _____

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

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____/____/____

A276 S-28NY(enr)(B)