2011-2012 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 insurance coverage, either complete this enrollment form or enroll on-line at: www.sas-mn.com. Indicate premium selected below. If purchasing dependent coverage, complete dependent information below.

School Name ______________________ Date ______________

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

Address ______________________ Phone # ______________
(Street) (City) (State) (Zip)

❒ Undergraduate ❒ Graduate ❒ International Birthdate ______________ 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. P.O. 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."

Cardholder Name/Cardholder Signature ______________________ Date ______ / ______ / ______
(Phone No.) MM DD YY

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

PREMIUMS - Please indicate the Plan and Term for which you are enrolling.

	Plan I - Annual ❒ 08-15-2011 to 08-14-2012	*Plan I - Tri-Annual ❒ 08-15-2011 to 12-14-2011 ❒ 12-15-2011 to 04-14-2012 ❒ 04-15-2012 to 08-14-2012	Plan II - Annual ❒ 08-15-2011 to 08-14-2012	*Plan II - Tri-Annual ❒ 08-15-2011 to 12-14-2011 ❒ 12-15-2011 to 04-14-2012 ❒ 04-15-2012 to 08-14-2012
Student Only - Under Age 30	❒ $ 384.00	❒ $ 138.00	❒ $ 900.00	❒ $ 310.00
Each Dependent	❒ $ 960.00	❒ $ 330.00	❒ $ 2,250.00	❒ $ 760.00
Student Only - Age 30 and Over	❒ $ 570.00	❒ $ 200.00	❒ $ 1,260.00	❒ $ 430.00
Each Dependent	❒ $ 1,425.00	❒ $ 485.00	❒ $ 3,150.00	❒ $ 1,060.00

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 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 the 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. ***If purchasing partial year coverage, the same plan must be selected for subsequent coverage periods. 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 ______________________ Birthdate ______________
Soc. Sec. # MM/DD/YY

Child'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 all benefits for a condition which originates, is diagnosed, treated or recommended for treatment within 12 months immediately prior to my effective date of coverage under the Policy.

Student Signature ______________________ Date ______ / ______ / ______
MM DD YY