

2009-2010 GRAND VALLEY STATE UNIVERSITY 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. Indicate premium selected below. 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 _____ email _____
MM/DD/YY

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____.

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.)

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

PREMIUMS (Indicate Premium Selected)

	Annual 08-15-2009 to 08-14-2010	First Term 08-15-2009 to 12-31-2009	Second Term 01-01-2010 to 08-14-2010	Summer 05-01-2010 to 08-14-2010
Student Only - Under Age 30	<input type="checkbox"/> \$ 625.00	<input type="checkbox"/> \$ 248.00	<input type="checkbox"/> \$ 397.00	<input type="checkbox"/> \$ 192.00
Each Dependent	<input type="checkbox"/> \$ 1,250.00	<input type="checkbox"/> \$ 485.00	<input type="checkbox"/> \$ 785.00	<input type="checkbox"/> \$ 373.00
Student Only - Age 30 and Over	<input type="checkbox"/> \$ 940.00	<input type="checkbox"/> \$ 367.00	<input type="checkbox"/> \$ 593.00	<input type="checkbox"/> \$ 283.00
Each Dependent	<input type="checkbox"/> \$ 2,370.00	<input type="checkbox"/> \$ 910.00	<input type="checkbox"/> \$ 1,480.00	<input type="checkbox"/> \$ 698.00

***Optional Major Medical Coverage** **\$200.00 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 Major Medical Benefits. Optional coverage will terminate when your Basic Injury and Sickness plan terminates or when payment is due and unpaid. Optional coverage can be purchased for the student only, or for the student and their dependents. Optional coverage is not available for dependents only. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice.

Coverage becomes effective on the later of the Policy Effective Date (08-15-2009); 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. All coverage expires on the earlier of: 08-14-2010, or when payment for your Accident and Sickness coverage is due and unpaid. No refunds, except as provided in Master Policy. Any refund provided will be subject to a \$25 administrative fee.

Dependent Information (complete if purchasing dependent coverage)

Spouse's Name _____ Soc Sec# _____ Birthdate _____
(MM/DD/YY)

Child's Name _____ Soc Sec# _____ Birthdate _____
(MM/DD/YY)

Child's Name _____ Soc Sec# _____ Birthdate _____
(MM/DD/YY)

I understand the policy excludes benefits for Pre-Existing Conditions, not subject to Credit for Prior Coverage, until I am continuously covered under the policy for 12 months.

Student Signature _____ Date ____ / ____ / ____

ENROLLMENT INSTRUCTIONS

Participation in this plan is voluntary. To Enroll:

- Complete the attached Insurance Enrollment Form or enroll on line at www.sas-mn.com. Print all information legibly and indicate the Coverage and Options you desire. This plan has an Enrollment Period, refer to the brochure that accompanies this Enrollment Form. Students and dependents must enroll no later than the following enrollment period deadline dates: Annual and First term 10/01/2009; Second term 01/29/2010; Summer 06/01/2010.
- Enclose your check or money order payable to: **Student Assurance Services, Inc.** or complete all credit card information.
- Send to: **Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196.**