

# NORTH DAKOTA UNIVERSITY SYSTEM

## 2008-2009 INTERNATIONAL DEPENDENT 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

**Students are required to purchase this insurance plan. Student only premium is added to student fees at registration. To enroll dependents in the insurance plan, complete and return this form and payment to: Student Assurance Services, Inc.; P.O. Box 196; Stillwater, MN 55082-0196.**

School Name \_\_\_\_\_

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

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

Soc. Sec. #    -   -     Student ID \_\_\_\_\_ Phone Number \_\_\_\_\_

### PREMIUMS: Please check the box of premium selected.

	<b>Annual</b> 08-15-08 to <u>08-14-09</u>	<b>Fall</b> 08-15-08 to <u>01-04-09</u>	<b>Spring/Summer</b> 01-05-09 to <u>08-14-09</u>	<b>Spring</b> 01-05-09 to <u>05-09-09</u>	<b>Summer</b> 05-10-09 to <u>08-14-09</u>
Spouse	<input type="checkbox"/> \$ 2,682	<input type="checkbox"/> \$ 1,051	<input type="checkbox"/> \$ 1,631	<input type="checkbox"/> \$ 925	<input type="checkbox"/> \$ 706
Children	<input type="checkbox"/> \$ 1,922	<input type="checkbox"/> \$ 753	<input type="checkbox"/> \$ 1,169	<input type="checkbox"/> \$ 663	<input type="checkbox"/> \$ 506

Coverage becomes effective on the later of the Policy Effective Date (08-15-2008); 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 University or Plan Administrator. All coverage expires on 08-14-2009, or when payment is due and unpaid. No refunds, except as provided in the Master Policy. 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)

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

A276CFG

T-199ND(enr)