NORTH DAKOTA UNIVERSITY SYSTEMS 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

School's Name/Location _____

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

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

IF PURCHASING DEPENDENT COVERAGE, COMPLETE DEPENDENT INFORMATION BELOW.

❒ UnderGraduate ❒ Graduate 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® Card Expiration Date

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Security Code (on back of card, 3 digits) ☐☐☐ (Month) ☐☐ - (Year) ☐☐

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

Student Signature _____ Date _____/_____/_____

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

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

DEPENDENT INFORMATION

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

PREMIUM SCHEDULE

	ANNUAL 08-25-2011 to 08-24-2012	FALL 08-25-2011 to 01-04-2012	SPRING 01-05-2012 to 05-09-2012	SPRING/SUMMER 01-05-2012 to 08-24-2012	SUMMER 05-10-2012 to 08-24-2012
Student	❒$ 850.00	❒$ 319.00	❒$ 302.00	❒$ 546.00	❒$ 259.00
Spouse	❒$ 2,975.00	❒$ 1,090.00	❒$ 1,033.00	❒$ 1,884.00	❒$ 879.00
Each Child	❒$ 2,125.00	❒$ 781.00	❒$ 741.00	❒$ 1,349.00	❒$ 631.00

This plan has an enrollment period, refer to the online brochure at www.sas-mn.com. Coverage becomes effective on the later of: the Master Policy effective date 08-25-2011; 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 has been received by the Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-24-2012, 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. **No refunds, except as provided in Master Policy. Any refund provided is subject to a $25 administration fee.**

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