

**NORTH DAKOTA UNIVERSITY SYSTEM
2011-2012 INTERNATIONAL DEPENDENT 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

Students are required to purchase this insurance plan and premium is added to student fees at registration. To enroll dependents in the insurance plan, complete and return this form and send 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.

	Annual	Fall	Spring/Summer	Spring	Summer
	08-15-2011 to	08-15-2011 to	01-05-2012 to	01-05-2012 to	05-10-2012 to
	<u>08-14-2012</u>	<u>01-04-2012</u>	<u>08-14-2012</u>	<u>05-09-2012</u>	<u>08-14-2012</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 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 University or Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2012, or when premium for the insurance coverage 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

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 ____/____/____