

Graceland University - Insurance Enrollment Form

2014-2015 BSA 00199

Student: \_\_\_\_\_  
Last Name First Name MI

Permanent US  
Mailing Address: \_\_\_\_\_  
Address - Number & Street Apt. No.  
\_\_\_\_\_  
City State ZIP

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Student Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Sex \_\_\_

Student ID#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Cost and dates of coverage:**

	<b>Annual</b>	<b>Fall 1</b>	<b>Fall 2</b>
<b>Student</b>	<b>8-1-14 to 7-31-15</b> \$1,930	<b>8-1-14 to 1-7-15</b> \$843	<b>8-1-14 to 1-31-15</b> \$1,102
	<b>Spring 1</b>	<b>Spring 2</b>	
	<b>1-7-15 to 7-31-15</b> \$1,090	<b>1-1-15 to 7-31-15</b> \$1,122	

Rates include an administrative fee.

**Payment Instructions:** Make check or money order payable to "Graceland University" in US dollars and return to Student Health Services. Your cancelled check is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_