

**Complete this form only if you wish to purchase Dependent Coverage.**

**PLEASE PRINT**

Student Name:

\_\_\_\_\_

Last (Family) name

First (Given) name

Middle Initial

Male  Female

Permanent Address:

Street or PO Box

City

State

Zip

Mailing Address:

Street or PO Box

City

State

Zip

Date of Birth:

Student ID #:

E-mail:

Home Phone:

School Phone:

*Complete information below for Dependents to be insured.*

SPOUSE:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

SS #:

Male  Female

CHILD:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

SS #:

Male  Female

CHILD:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

SS #:

Male  Female

CHILD:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

SS #:

Male  Female

CHILD:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

SS #:

Male  Female

**IMPORTANT:** Coverage will be effective: the date the correct premium is received by the Company or a representative of the Company, or the effective date of the coverage period, whichever is later. By signing below, the student acknowledges the following: (1) He/she has carefully read the plan description and elects to enroll as indicated on this enrollment card; (2) Rates are not pro-rated other than as listed on this enrollment card; (3) He/she meets the eligibility requirements for this coverage as described in the plan description; (4) If it is later determined that the student is not eligible, the premium will be refunded; and (5) Other than eligibility, the premium is not refundable.

Signature of Student: \_\_\_\_\_

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

	ANNUAL	SPRING/SUMMER	SUMMER
	08/20/15-8/19/16	01/16/16-8/19/16	05/31/16-8/19-16
<b>Rates</b>			
<b>Student</b>	<i>This fee is automatically charged to your student account.</i>		
<b>Spouse</b>	<input type="checkbox"/> \$ 3,649.00	<input type="checkbox"/> \$ 2,084.00	<input type="checkbox"/> \$ 1,033.00
<b>Each Child</b>	<input type="checkbox"/> \$ 2,222.00	<input type="checkbox"/> \$ 1,252.00	<input type="checkbox"/> \$ 619.00

**Payment Instructions:** Make check or money order payable to Bollinger, Inc., in U.S. dollars drawn on a U. S. bank. Mail this enrollment card along with premium payment to Bollinger Specialty Group, PO Box 1515, Morristown, NJ 07962. Your cancelled check is your only receipt of coverage. Optional coverage (dependent) - must be purchased simultaneously and in conjunction with the Medical Coverage at the time of initial enrollment.