

Ranken Technical College

Accident & Sickness Insurance Enrollment Form

2016-2017 BSA 00207

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 Social Security Number: _____

Cost and dates of coverage:

**Annual
8-20-16 to 6-20-17**

Student - Under age 26 \$550

Student - Age 26 & over \$1,100

Payment Instructions: Please make check payable to Collegiate Risk Management in U.S. dollars and mail to:

**Collegiate Risk Management
110 Athens Street
Tarpon Springs, FL 34689**

Signature: _____ Date: _____