

2007 - 2008 NORTHERN KENTUCKY UNIVERSITY
Student Enrollment Form
(Please Print)

Student: _____
Last Name First Name MI

Date Of Birth: ___/___/___ **Sex:** _____ **SS#:** _____ **Telephone** _____

Address: _____
Street City State Zip Code

Email Address: _____

**Please Check
Appropriate Box**

<input type="checkbox"/> Annual	<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Spring Semester	<input type="checkbox"/> Summer Semester
8/14/07 to 8/14/08 Annual Base Plan	8/14/07 to 1/4/08 1st Semester Base Plan	1/4/08 to 5/8/08 2nd Semester Base Plan	5/8/08 to 8/14/08 Summer Base Plan

Student	<input type="checkbox"/> \$575.00	<input type="checkbox"/> \$209.00	<input type="checkbox"/> \$209.00	<input type="checkbox"/> \$158.00
Student & Spouse	<input type="checkbox"/> \$2,085.00	<input type="checkbox"/> \$754.00	<input type="checkbox"/> \$754.00	<input type="checkbox"/> \$586.00
Student, Spouse & Child(ren)	<input type="checkbox"/> \$3,247.00	<input type="checkbox"/> \$1,193.00	<input type="checkbox"/> \$1,193.00	<input type="checkbox"/> \$930.00
Student & Child (ren)	<input type="checkbox"/> \$1,738.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$500.00

Please mark method of payment and list dependents names (if insuring dependents) of the reverse side of this form.

Students purchasing coverage by Semester must submit another enrollment form to renew coverage for each Semester. In order to maintain continuous coverage, payment must be received prior to the start date of each Semester. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false deceptive statement may be guilty of insurance fraud.

LIST OF DEPENDENTS
(Please Print)

**I wish to extend my own coverage to include my following dependents
(spouse and unmarried children under age 19)**

Dependent's Name	SS#	Date Of Birth	Relationship to Student
_____	___-__-____ _____	__/__/__	_____
_____	___-__-____ _____	__/__/__	_____
_____	___-__-____ _____	__/__/__	_____

METHOD OF PAYMENT (must be filled out and signed in order to process enrollment)

<input type="checkbox"/> Make Check or Money Order Payable to Bollinger, Inc.		
Student's Signature _____		
<input type="checkbox"/> I hereby authorize that you charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card		
Expiration Date Month: Year:	Card No.	

Card Holder's Signature: _____

Mail this form and payment to: Bollinger Inc. 101 JFK Parkway, Short Hills, NJ 07078, Attn: College Dept.
Coverage becomes effective on August 14, 2007 or date following the postmark on the envelope containing your payment, whichever last occurs, and will continue during the period for which the premium has been paid.