

UNIVERSITY OF LOUISIANA - LAFAYETTE 2007-2008 INTERNATIONAL STUDENT'S DEPENDENT ENROLLMENT FORM
MONUMENTAL LIFE INSURANCE COMPANY • HOME OFFICE: BALTIMORE, MD • PLAN ADMINISTRATOR: BOLLINGER, INC.

Student's Name _____ Date of Birth _____

Mailing Address _____
Last First MI Street City State Zip

Soc. Sec. # - Email: _____

	Fall Semester 08-15-07 to 01-15-08	Spring Semester 01-16-08 to 05-24-08	Summer Semester 05-25-08 to 08-14-08
Spouse (F1 Student Dependents Only)	<input type="checkbox"/> \$142.00	<input type="checkbox"/> \$142.00	<input type="checkbox"/> \$94.00
Each child (F1 Student Dependents Only)	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$98.00
J-1 Exchange Visitor (Optional for F1 Students)	<input type="checkbox"/> \$274.35	<input type="checkbox"/> \$274.35	<input type="checkbox"/> \$176.70
J-2 1F1 Dependents (Optional) -Spouse	<input type="checkbox"/> \$437.10	<input type="checkbox"/> \$437.10	<input type="checkbox"/> \$275.28
Each child	<input type="checkbox"/> \$455.20	<input type="checkbox"/> \$455.20	<input type="checkbox"/> \$287.37

Coverage becomes effective on the later of the Policy Effective Date; the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the envelope containing the completed enrollment Form and proper premium for the period of coverage is postmarked by the US Postal Service. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. **No refunds, except as provided in Policy.**

Student Signature _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

DEPENDENT INFORMATION - Any change in dependent status must be reported to the Company within 30 days.

Spouse's Name _____ Birthdate _____ Soc.Sec# _____

Child's Name _____ Birthdate _____ Soc.Sec# _____

Child's Name _____ Birthdate _____ Soc.Sec# _____

RETURN THIS COMPLETED ENROLLMENT FORM WITH YOUR PREMIUM PAYMENT TO: Bollinger, Inc. • P.O. Box 398 • Short Hills, NJ • 07078