

DOMESTIC OPTIONAL PREMIUM SCHEDULE

	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
Student Only- under age 30	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$190.00
Spouse	<input type="checkbox"/> \$470.00	<input type="checkbox"/> \$470.00	<input type="checkbox"/> \$296.00
Each child	<input type="checkbox"/> \$490.00	<input type="checkbox"/> \$490.00	<input type="checkbox"/> \$309.00
Student Only- over age 30 to age 65	<input type="checkbox"/> \$369.00	<input type="checkbox"/> \$369.00	<input type="checkbox"/> \$238.00
Spouse	<input type="checkbox"/> \$920.00	<input type="checkbox"/> \$920.00	<input type="checkbox"/> \$595.00
Each child	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$360.00

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.

DEPENDENT INFORMATION - Any changes 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# _____

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.

MAKING A CLAIM

- If at the University, report at once to the Student Health Service.
 - If away from the University, secure treatment at the nearest medical facility. Request a claim form from the University or Bollinger, Inc.
- 101 JFK Parkway • Short Hills, NJ • 07078
866-267-0092
- www.BollingerInsurance.com/ULLafayette**
- Notice of claim must be provided to Bollinger, Inc. within 30 days after the Injury or Sickness. Written proof of loss must be furnished within 90 days after the date of such loss.
 - The Master Policy prevails in case of conflict.

