

University of Tulsa
Student Insurance Enrollment Card

(PLEASE PRINT)

Student's Name _____
Last First MI

Student's Address _____
Street City State Zip

Social Security # _____ Date of Birth _____ Phone # () _____

Expected Graduation Date: Month _____ Year _____ E-mail Address _____

List Dependents to be insured below. Dependent coverage is available only if the student is also insured under this plan and cannot exceed coverage purchased by the student.

	Last Name	First Name	MI	Date of Birth	Social Security #
Spouse:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____

Payment Instructions: Make check or money order payable to Bollinger, Inc. in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium to Wilcox, Jones, & McGrath, Inc., 5591 S. Lewis, Tulsa, OK, 74105-7132. Your cancelled check or credit card billing is your only receipt and notification of coverage.

CHARGE CARD AUTHORIZATION

CHARGE FULL AMOUNT \$ _____ EXP. DATE ____/____/____
 VISA/MASTERCARD # _____
 SIGNATURE OF CARDHOLDER _____
 NAME OF CARDHOLDER _____

**Detach and Retain for your records
2008-2009 Identification Card
Monumental Life Insurance Company
Bollinger, Inc.**

Insured (Name of Student)

If a Premium has been paid, the Student whose name appears above has been insured under a policy issued to:

The University of Tulsa
2008-2009

Bollinger
TECHNICAL SERVICES
101 JFK Parkway
Short Hills, NJ 07078
1-800-267-0092

PLEASE CHECK ALL APPROPRIATE BOXES:

2008-2009

Classification: DOMESTIC STUDENT INTERNATIONAL STUDENT

\$100,000 Maximum per covered Sickness or Injury

	Annual	Semi-Annual	Spring/Summer	Summer
A. Student	<input type="checkbox"/> \$ 940.00	<input type="checkbox"/> \$ 476.00	<input type="checkbox"/> \$ 574.00	<input type="checkbox"/> \$ 247.00
B. Student & Spouse	<input type="checkbox"/> \$ 4,069.00	<input type="checkbox"/> \$ 2,074.00	<input type="checkbox"/> \$ 2,471.00	<input type="checkbox"/> \$ 1,070.00
C. Student & Child(ren)	<input type="checkbox"/> \$ 3,026.00	<input type="checkbox"/> \$ 1,550.00	<input type="checkbox"/> \$ 1,839.00	<input type="checkbox"/> \$ 797.00
D. Student, Spouse, Child(ren)	<input type="checkbox"/> \$ 6,156.00	<input type="checkbox"/> \$ 3,135.00	<input type="checkbox"/> \$ 3,735.00	<input type="checkbox"/> \$ 1,616.00

Periods:

Annual	<input type="checkbox"/> 8-11-2008 to 8-11-2009	
Semi-Annual	<input type="checkbox"/> 8-11-2008 to 2-11-2009	<input type="checkbox"/> 2-11-2009 to 8-11-2009
Spring/Summer	<input type="checkbox"/> 1-08-2009 to 8-11-2009	
Summer	<input type="checkbox"/> 5-14-2009 to 8-11-2009	

NOTICE TO STUDENT: 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, unless otherwise stated in the Master Policy. It is the student's responsibility for timely renewal payments. By signing below, the student acknowledges the following: 1) He/She has carefully read the Brochure 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 Brochure; 4) If it is later determined that the student is not eligible, the premium will be refunded; and 5) Other than for Eligibility, the payment is not refundable.

Signature of Student _____ Date _____

CLAIM PROCEDURES

Claims must be submitted to the Company within 90 days after the date of treatment. Please mail all medical and hospital bills along with the patient name and insured student's name, address, Social Security Number and name of the university under which the student is insured to Bollinger, Inc., 101 JFK Parkway, P.O. Box 398, Short Hills, New Jersey 07078-0398. Telephone 1-866-267-0092

PREFERRED PROVIDER NETWORK:

