



BUCKS COUNTY COMMUNITY COLLEGE STUDENT HEALTH INSURANCE PLAN APPLICATION FORM

(There is no obligation to purchase this insurance)

**2008 - 2009
ENROLLMENT FORM**

Student's Name (Print) _____
(Last) (First)

Soc. Sec. No. - -

Home Address _____
(Street)

Graduation Date (Mo/Yr) _____ Age _____

(City) (State) (Zip)

Phone Number (_____) _____

I have reviewed the brochure carefully and wish to purchase coverage as indicated on the reverse side of this form. Annual coverage becomes effective on August 27, 2008 (or the postmark date of premium payment, whichever is later) and continues until August 27, 2009. The last date for enrollment for the fall semester is October 10, 2008. Spring semester coverage becomes effective on January 21, 2009 (or the postmark date of premium payment, whichever is later) and continues until August 27, 2009.



PREMIUM COMPUTATION

Check the desired coverage below. Make your check or money order payable to Bollinger, Inc. Return your premium payment along with this enrollment form to Bollinger, Inc., 101 JFK Parkway, Short Hills, New Jersey 07078.

	<u>DATE</u>	<u>RATE</u>
<input type="checkbox"/> AnnualAugust 27, 2008 to August 27, 2009\$280.00
<input type="checkbox"/> Spring/Summer Semester (New Students Only)January 21, 2009 to August 27, 2009\$187.00