MILLSAPS COLLEGE — **POLICY #CMS309E**

Monumental Life Insurance Company - Cedar Rapids, Iowa — 2008-2009

Complete this form only if you wish to purchase Dependent Coverage or Optional Catastrophic Coverage.

PLEASE PRINT

Student Name: ______________________________
Last (Family) name — First (Given) name — Middle Initial

❒ Male ❒ Female

Permanent Address: ______________________________
Street or PO Box — City — State — Zip

Mailing Address: ______________________________
Street or PO Box — City — State — Zip

Date of Birth: ______________ SS #: ______________ E-mail: ______________

Home Phone: ______________ School Phone: ______________

Complete information below for Dependents to be insured.

SPOUSE: ______________ Date of Birth: ________ SS #: ________ ❒ Male ❒ Female
Last (Family) name — First (Given) name

CHILD: ______________ Date of Birth: ________ SS #: ________ ❒ Male ❒ Female
Last (Family) name — First (Given) name

CHILD: ______________ Date of Birth: ________ SS #: ________ ❒ Male ❒ Female
Last (Family) name — First (Given) name

CHILD: ______________ Date of Birth: ________ SS #: ________ ❒ Male ❒ Female
Last (Family) name — First (Given) name

CHILD: ______________ Date of Birth: ________ SS #: ________ ❒ Male ❒ Female
Last (Family) name — First (Given) name

IMPORTANT: 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. By signing below, the student acknowledges the following: (1) He/she has carefully read the plan description 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 plan description; (4) If it is later determined that the student is not eligible, the premium will be refunded; and (5) Other than eligibility, the premium is not refundable.

Signature of Student: ______________________ Date: ______________________

	ANNUAL 08/20/08-08/20/09	SPRING/SUMMER 01/16/09-08/20/09	SUMMER 5/31/09-8/20/09
Basic coverage			
Student	*This fee is automaticallly charged to your student account.*		
Spouse - Under age 30	❒ $ 1,283.00	❒ $ 801.00	❒ $395.00
Spouse - Age 30 & over	❒ $ 1,922.00	❒ $1,202.00	❒ $593.00
Each Child	❒ $ 641.00	❒ $ 402.00	❒ $198.00
Catastrophic			
	This premium is in addition to the Basic Coverage premium.		
Student - Under age 30	❒ $ 335.00	❒ $ 210.00	❒ $103.00
Student - Age 30 & over	❒ $ 405.00	❒ $ 252.00	❒ $125.00
Spouse - Under age 30	❒ $ 1,052.00	❒ $ 657.00	❒ $325.00
Spouse - Age 30 & over	❒ $ 1,576.00	❒ $ 985.00	❒ $487.00
Each Child	❒ $ 526.00	❒ $ 328.00	❒ $162.00

Payment Instructions: Make check or money order payable to Bollinger, Inc. in U.S. dollars drawn on a U.S. bank. Mail this enrollment card along with premium payment to **Bollinger, Inc. P.O. Box 398, 101 JFK Parkway, Short Hills, NJ 07078**. Your cancelled check is your only receipt of coverage. Optional coverage (Dependent and or catastrophic) - must be purchased simultaneously and in conjunction with the Basic & Major Medical Coverage at the time of initial enrollment.