

UNIVERSITY OF LOUISIANA - LAFAYETTE
2008-2009 DOMESTIC STUDENT OPTIONAL INJURY & SICKNESS INSURANCE ENROLLMENT FORM
MONUMENTAL LIFE INSURANCE COMPANY • HOME OFFICE: CEDAR RAPIDS, IA • PLAN ADMINISTRATOR: BOLLINGER, INC.

IF PURCHASING COVERAGE FOR DEPENDENTS, SELECT THE PREMIUM AND COMPLETE DEPENDENT INFORMATION ON THE BACK OF THIS FORM

Student's Name _____ Soc. Sec. #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address _____ (_____) _____ - _____

Male Female Birthdate _____ Grade Level _____ Email: _____

Enclosed is my check or money order payable to Bollinger, Inc., in the amount of \$ _____

Please charge \$ _____ to the following credit card: VISA or MasterCard _____ - _____ - _____

Credit Card Number _____ Expiration Date (month) _____ (Year) _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**CREDIT CARD BILLING WILL STATE:
"BOLLINGER, INC."**

Student's Signature _____ Date ____/____/____

Cardholder Name/Signature _____ Date ____/____/____

Cardholder Address _____

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

Student Insurance Information Card

(Student's Name)

This card does not guarantee coverage. The following provides the necessary information needed to complete the process for the filing of a claim. Providers should contact the Administrator of the Plan to verify eligibility at the time services are provided.

UNIVERSITY OF LOUISIANA LAFAYETTE

Preferred Provider:

Policy No. CL4508E
2008-2009

Plan Administrator:

Bollinger

Insurance Solutions

P.O. Box 727

Short Hills, NJ 07078

Toll Free: 866-267-0092



DOMESTIC OPTIONAL PLAN PREMIUM SCHEDULE

	Fall Semester 08-15-08 to 01-13-09	Spring Semester 01-14-09 to 06-02-09	Summer Semester 06-03-09 to 08-19-09
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.
- P.O. Box 727 • Short Hills, NJ • 07078
866-267-0092
- www.BollingerColleges.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.