

**FULL TIME STUDENT APPLICATION FORM
CUMBERLAND COUNTY COLLEGE HEALTH INSURANCE PLAN**

ID# _____
MS# _____

STUDENT'S NAME

_____ LAST NAME FIRST NAME

PARENT OR GUARDIAN

HOME ADDRESS

_____ STREET

_____ CITY OR TOWN STATE ZIP CODE

BIRTHDATE

_____ MONTH DAY YEAR STUDENT ID #

PLEASE CHECK ONE:

FULL YEAR COVERAGE

\$100.00

SPRING & SUMMER ONLY

\$ 75.00

**ACCIDENT &
SICKNESS**

_____ DATE OF APPLICATION

_____ SIGNATURE