

EASTERN MENNONITE UNIVERSITY HEALTH PLAN ENROLLMENT APPLICATION 2011-2012

Student Name _____ Student ID# _____ SSN _____
 Home Address _____ City _____ State _____ Zip _____
 Telephone No. (____) _____

<u>Plan</u>	<u>Annual Cost</u>	<u>Spring/Summer</u>	<u>Summer</u>
Student	<input type="checkbox"/> \$ 865	<input type="checkbox"/> \$ 535	<input type="checkbox"/> \$ 88
Spouse	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$1,427	<input type="checkbox"/> \$240
Child(ren)	<input type="checkbox"/> \$1,271	<input type="checkbox"/> \$ 803	<input type="checkbox"/> \$134

If Spouse and/or dependent coverage is selected, please complete the following:

Name	Age	Name	Age
Spouse _____	_____	Child _____	_____
Child _____	_____	Child _____	_____

Signature _____ Date _____

Mailing Address: Bollinger, Inc., P.O. Box 727, Short Hills, NJ 07078-0727. Make check payable to Bollinger Inc.
 Enrollment Deadline: September 20, 2011 .

Detach and Retain for your records
Monumental Life Insurance Company
 Cedar Rapids, Iowa
Insurance I.D. Card

NAME: _____ Last _____ First _____ MI _____

SS# _____

SCHOOL: Eastern Mennonite University
POLICY NO.: CVA209H
TYPE OF COVERAGE: Basic & Optional Major Medical Coverage
EFFECTIVE DATES: 8/20/11 to 8/20/12

