

**FLORIDA INSTITUTE OF TECHNOLOGY**  
**OPTIONAL INCREASED SUPPLEMENTAL COVERAGE**  
**2012-2013 Student Insurance Enrollment Card**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Last) Please Print (First)

**I have read details concerning the Student Insurance Plan. I wish to purchase this protection. My check or money order made payable to Bollinger Inc. is enclosed:**

**\$460 (Students Only Under Age 26)**

**\$692 (Students Only Age 26 and Over)**

**Signed** \_\_\_\_\_  
(Student, Parent, or Guardian)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Complete the above, insert proper remittance, and mail immediately to: **Bollinger, Inc., P.O. Box 398, Short Hills, NJ 07078.**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.