

**Lincoln University 2011-2012
Student Health Insurance Enrollment Form
(In order to enroll you must complete steps 1 through 5!)**

1. Complete all Student information. Incomplete information will delay processing! Contact Bollinger Collegiate Enrollment Dept. at 800-526-1379 for assistance.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

Student Name:

Last Name	First Name	MI
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Student ID/Social Security #: _____ Email Address: _____

Mailing Address:

Street	City	State	Zip Code
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Phone Number: _____ Date of Birth: ____/____/____ Sex: Male Female

2. List Dependents to be insured. Dependent coverage is only available if the student is covered.

	Dependents Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					
Child					

3. Select Applicable Rate*

	Annual 8/15/11-8/15/12 Deadline: 8/26/10	Fall Semester 8/15/11-1/21/12 Deadline: 8/26/10	Spring/Summer Semester 1/21/11-8/15/12 Deadline: 1/21/11	Summer Semester 6/1/11-8/15/12 Deadline: 6/1/11
1. Student	\$495	\$247.50	\$247.50	\$104
2. Spouse	\$1,045	\$440	\$605	\$240
3. Child(ren)	\$1,045	\$440	\$605	\$240

* Rates include an administrative fee. Please be sure to choose the correct rate(s) and add rates correctly. Contact Bollinger for assistance.

IMPORTANT:

PLEASE COMPLETE AND SIGN THE SECOND PAGE OF THIS FORM.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION.

4. Designate Payment Method.

Make check or money order payable to Bollinger, Inc. or refer to the charge card authorization to charge premium to Visa or MasterCard (Please note Visa and MasterCard are the only credit cards accepted). CASH WILL NOT BE ACCEPTED.

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY

(VISA OR MASTERCARD ARE THE ONLY ACCEPTED CREDIT CARDS)

Charge full amount: \$. _____

Credit Card# _____ (Visa or MasterCard only):

Exp. Date: _____ / _____

Signature of Cardholder: _____

Printed Name and Address (if different from student):

5. Notice to Student (Signature required) I have carefully read the brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. I permit Lincoln University to provide Bollinger, Inc. with my enrollment status for purposes of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that the student is not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

Enrollment Guidelines: If the Dependent Application and Premium is received after the semester start date, then coverage becomes retroactive to the Plan effective date.

Signature: _____ Date: _____

MAIL TO: Bollinger, Inc. P.O. Box 398 Short Hills, NJ 07078-0398

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.