



**MARYWOOD UNIVERSITY PART TIME STUDENT HEALTH INSURANCE PLAN
APPLICATION FORM**

Underwritten by Monumental Life Insurance Company

**2012 - 2013
ENROLLMENT FORM**

Student's Name (Print) _____
(Last) (First)

Student ID # _____

Date of Birth _____ Gender _____

Home Address _____
(Street)

Graduation Date (Mo/Yr) _____ Age _____

(City) (State) (Zip)

Phone Number (_____) _____

I have reviewed the brochure carefully and wish to purchase coverage as indicated on the reverse side of this form. Annual coverage becomes effective on June 30, 2012 and continues until August 22, 2013.



PREMIUM COMPUTATION

Check the desired coverage below. Make your check or money order payable to Bollinger Inc. Return your premium payment along with this enrollment form to Bollinger, 101 JFK Parkway, Short Hills, New Jersey 07078.

DATE

- | | | |
|--|---|---------------|
| <input type="checkbox"/> Annual |June 30, 2012 to August 22, 2013 |\$475.00 |
| <input type="checkbox"/> Spring Semester (New Students Only) |January 1, 2013 to August 22, 2013 |\$316.00 |