

THE COLLEGE OF NEW JERSEY - 2011-2012 INSURANCE ENROLLMENT FORM
ONLY COMPLETE THIS FORM IF YOU ARE A PART-TIME STUDENT OR A FULL-TIME STUDENT ADDING DEPENDENT COVERAGE

(PLEASE PRINT)

Student's Name _____ / _____ / _____
Last First MI

Permanent US Address _____
Street or PO Box City State Zip

PAWS ID # _____ Date of Birth _____ Phone # (____) _____

Expected Graduation Date: _____ / _____ Email Address _____
Month Year

List Dependents: Dependent coverage is available only if the student is also insured under this plan.

	Last Name	First Name	MI	Date of Birth
Spouse:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____

Student Signature: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Detach and Retain for your records

Monumental Life Insurance Company
Cedar Rapids, Iowa
Hospitalization I.D. Card

NAME _____ Last First MI
SCHOOL THE COLLEGE OF NEW JERSEY
POLICY NO. C-528H
TYPE OF COVERAGE Basic and Extended Medical Coverage
EFFECTIVE DATES 8/15/11 to 8/15/12

