

**COUNTY COLLEGE OF MORRIS
PART-TIME STUDENT ACCIDENT PLAN 2013-2014
UNDERWRITTEN BY MONUMENTAL LIFE INSURANCE COMPANY**

STUDENT'S NAME _____ BIRTHDATE _____
LAST NAME FIRST NAME SOCIAL SECURITY NUMBER MONTH DAY YEAR

PARENT OR GUARDIAN _____

HOME ADDRESS _____
STREET CITY OR TOWN STATE ZIP CODE

PLEASE CHECK ONE: ACCIDENT ONLY
FULL YEAR COVERAGE \$17.00
SPRING & SUMMER ONLY \$13.00
SUMMER ONLY \$ 5.00

PAYMENT SHOULD BE MADE DIRECTLY TO: BOLLINGER INC., 101 JFK PARKWAY, SHORT HILLS, NJ 07078

METHOD OF PAYMENT

- Enclosed is my check (Make check payable to BOLLINGER)
 I hereby authorize that you charge my credit card VISA MASTERCARD Month Year

Credit Card No. Expiration Date

Name of Cardholder _____

Signature of Cardholder _____ Date _____