

Complete this form only if you wish to purchase Dependent Coverage or Optional Catastrophic Coverage.

PLEASE PRINT

Student Name: _____
Last (Family) name First (Given) name Middle Initial

Male Female

Permanent Address: _____
Street or PO Box City State Zip

Mailing Address: _____
Street or PO Box City State Zip

Date of Birth: _____ Student ID #: _____ E-mail: _____

Home Phone: _____ School Phone: _____

Complete information below for Dependents to be insured.

SPOUSE: _____ Date of Birth: _____ SS #: _____ Male Female
Last (Family) name First (Given) name

CHILD: _____ Date of Birth: _____ SS #: _____ Male Female
Last (Family) name First (Given) name

CHILD: _____ Date of Birth: _____ SS #: _____ Male Female
Last (Family) name First (Given) name

CHILD: _____ Date of Birth: _____ SS #: _____ Male Female
Last (Family) name First (Given) name

CHILD: _____ Date of Birth: _____ SS #: _____ Male Female
Last (Family) name First (Given) name

IMPORTANT: Coverage will be effective: the date the correct premium is received by the Company or a representative of the Company, or the effective date of the coverage period, whichever is later. By signing below, the student acknowledges the following: (1) He/she has carefully read the plan description and elects to enroll as indicated on this enrollment card; (2) Rates are not pro-rated other than as listed on this enrollment card; (3) He/she meets the eligibility requirements for this coverage as described in the plan description; (4) If it is later determined that the student is not eligible, the premium will be refunded; and (5) Other than eligibility, the premium is not refundable.

Signature of Student: _____ Date: _____

	ANNUAL 08/20/09-08/20/10	SPRING/SUMMER 01/16/10-08/20/10	SUMMER 5/31/10-8/20/10
Basic coverage			
Student	<i>This fee is automatically charged to your student account.</i>		
Spouse - Under age 30	<input type="checkbox"/> \$ 1,409.00	<input type="checkbox"/> \$ 879.00	<input type="checkbox"/> \$434.00
Spouse - Age 30 & over	<input type="checkbox"/> \$ 2,110.00	<input type="checkbox"/> \$1,319.00	<input type="checkbox"/> \$651.00
Each Child	<input type="checkbox"/> \$ 704.00	<input type="checkbox"/> \$ 441.00	<input type="checkbox"/> \$217.00
Catastrophic			
<i>This premium is in addition to the Basic Coverage premium.</i>			
Student - Under age 30	<input type="checkbox"/> \$ 368.00	<input type="checkbox"/> \$ 230.00	<input type="checkbox"/> \$113.00
Student - Age 30 & over	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 277.00	<input type="checkbox"/> \$137.00
Spouse - Under age 30	<input type="checkbox"/> \$ 1,155.00	<input type="checkbox"/> \$ 721.00	<input type="checkbox"/> \$357.00
Spouse - Age 30 & over	<input type="checkbox"/> \$ 1,730.00	<input type="checkbox"/> \$ 1,081.00	<input type="checkbox"/> \$535.00
Each Child	<input type="checkbox"/> \$ 578.00	<input type="checkbox"/> \$ 357.00	<input type="checkbox"/> \$178.00

Payment Instructions: Make check or money order payable to Bollinger, Inc. in U.S. dollars drawn on a U.S. bank. Mail this enrollment card along with premium payment to **Bollinger, Inc. P.O. Box 398, 101 JFK Parkway, Short Hills, NJ 07078**. Your cancelled check is your only receipt of coverage. Optional coverage (Dependent and or catastrophic) - must be purchased simultaneously and in conjunction with the Basic & Major Medical Coverage at the time of initial enrollment.