

NICHOLLS STATE UNIVERSITY 2009-2010
 OPTIONAL ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM FOR
 PART-TIME STUDENTS AND DEPENDENTS

Monumental Life Insurance Company

Student's Name _____ Last _____ First _____ Middle _____

Address _____ Street or PO Box _____ City _____ State _____ Zip Code _____

Date of Birth _____ Student's ID No. _____
 _____ Fall _____ Spring _____ Summer _____
 8/1/09-1/12/10 1/13/10-5/31/10 6/1/10-7/31/10

Student Only \$ 29.25 \$ 29.25 \$ 17.85
 Spouse Only \$ 44.90 \$ 44.90 \$ 29.25
 Each Child \$ 32.60 \$ 32.60 \$ 19.90

Make check or money order payable to Monumental Life Insurance Company. Mail this enrollment card along with the premium payment to Bollinger, Inc., P.O. Box 398, Short Hills, NJ 07078-0398.

Or Email online by credit card at www.BollingerColleges.com/Nicholls.

NICHOLLS STATE UNIVERSITY

Student Medical Insurance Plan

Underwritten by: Monumental Life Insurance Company

Insured Name:

ID #:

Effective Date:

Policy Number: **CLA510F**

Preferred Provider Network



List Dependents to be Insured below.

Last Name

First Name

MI

Date of Birth

Spouse: _____

Child: _____

Child: _____

Child: _____

"I certify that I meet eligibility requirements for this coverage as described in the brochure. If it is later determined that I am not eligible, coverage will be terminated and my Premium will be refunded."

Are you aware that this coverage has a pre-existing conditions limitation:

1. Which excludes coverage for any pre-existing condition for 12 months from the effective date of coverage (a pre-existing condition is a condition which would cause a Prudent Person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within 12 months immediately preceding the effective date of coverage); and
2. For which a covered Person may receive credit if certain requirements are met and such person was previously covered for a pre-existing condition under Qualifying Coverage (refer to brochure for definition of Qualifying Coverage)?

Yes _____ No _____

Signature of Student _____ Date _____

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company unless otherwise stated in the Master Policy on file at the school. It is the Student's responsibility for timely renewal payments.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CLAIM PROCEDURE

Mail completed claim form
to the Plan Administrator within 90 days after treatment.

Plan Administrator

Bollinger
Insurance Solutions

PO Box 727, Short Hills, NJ 07078
Claims/Coverage Questions 1-866-267-0092

PRESCRIPTION DRUG PROCEDURE

Member: Please present this card to your pharmacist each time you order a prescription. For prescription questions, please contact Caremark at 800-391-6443.

Pharmacist: For assistance, please call our pharmacy help desk at 800-345-5413.