

**2009-2010 NORTHERN KENTUCKY UNIVERSITY**

**Student Enrollment Form**

(Please Print)

STUDENT: \_\_\_\_\_

LAST NAME

FIRST NAME

MI

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

EMAIL ADDRESS \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX:	<input type="checkbox"/> Annual 8/14/09 to 8/14/10 <u>Annual Base Plan</u>	<input type="checkbox"/> Fall Semester 8/14/09 to 1/1/10 <u>1st Semester Base Plan</u>	<input type="checkbox"/> Spring Semester 1/1/10 to 5/8/10 <u>2nd Semester Base Plan</u>	<input type="checkbox"/> Summer Semester 5/8/10 to 8/14/10 <u>Summer Base Plan</u>
Student	<input type="checkbox"/> \$ 650.00	<input type="checkbox"/> \$ 236.00	<input type="checkbox"/> \$ 236.00	<input type="checkbox"/> \$ 179.00
Student & Spouse	<input type="checkbox"/> \$ 2,356.00	<input type="checkbox"/> \$ 852.00	<input type="checkbox"/> \$ 852.00	<input type="checkbox"/> \$ 662.00
Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 3,669.00	<input type="checkbox"/> \$ 1,348.00	<input type="checkbox"/> \$ 1,348.00	<input type="checkbox"/> \$ 1,051.00
Student & Child(ren)	<input type="checkbox"/> \$ 1,964.00	<input type="checkbox"/> \$ 730.00	<input type="checkbox"/> \$ 730.00	<input type="checkbox"/> \$ 565.00

***Please mark method of payment and list dependent names (if insuring dependents) on the reverse side of this form.***

Students purchasing coverage by Semester must submit another enrollment form to renew coverage for each Semester. In order to maintain continuous coverage, payment must be received prior to the start date of each Semester. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Students Signature: \_\_\_\_\_

Date: \_\_\_\_\_

