

**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

