

**University of Tulsa
Dependent Enrollment Card**

**Monumental Life Insurance Company
2009-2010**

(PLEASE PRINT)

Student's Name _____

Last

First

MI

Student's Address _____

Street

City

State

Zip

Student ID # _____ Date of Birth _____ Phone # () _____

Expected Graduation Date: Month _____ Year _____ E-mail Address _____

List Dependents to be insured below. Dependent coverage is available only if the student is also insured under this plan and cannot exceed coverage purchased by the student.

	Last Name	First Name	MI	Date of Birth
Spouse:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____

Payment Instructions: Make check or money order payable to Bollinger, Inc. in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium to Wilcox, Jones, & McGrath, Inc., 5591 S. Lewis, Tulsa, OK, 74105-7132. Your cancelled check or credit card billing is your only receipt and notification of coverage.

CHARGE CARD AUTHORIZATION

CHARGE FULL AMOUNT \$ _____ EXP. DATE ____/____
VISA/MASTERCARD # _____
SIGNATURE OF CARDHOLDER _____
NAME OF CARDHOLDER _____

PLEASE CHECK ALL APPROPRIATE BOXES:

2009-2010

	Annual	Semi-Annual	Spring/Summer	Summer
A. Spouse	<input type="checkbox"/> \$ 2,910.00	<input type="checkbox"/> \$ 1,486.00	<input type="checkbox"/> \$ 1,764.00	<input type="checkbox"/> \$ 765.00
B. Child(ren)	<input type="checkbox"/> \$ 1,940.00	<input type="checkbox"/> \$ 999.00	<input type="checkbox"/> \$ 1,176.00	<input type="checkbox"/> \$ 511.00
C. Spouse & Child(ren)	<input type="checkbox"/> \$ 4,850.00	<input type="checkbox"/> \$ 2,473.00	<input type="checkbox"/> \$ 2,940.00	<input type="checkbox"/> \$ 1,274.00

Periods:

Annual	<input type="checkbox"/> 8-01-2009 to 8-01-2010	
Semi-Annual	<input type="checkbox"/> 8-01-2009 to 2-01-2010	<input type="checkbox"/> 2-01-2010 to 8-01-2010
Spring/Summer	<input type="checkbox"/> 1-01-2010 to 8-01-2010	
Summer	<input type="checkbox"/> 5-01-2010 to 8-01-2010	

NOTICE TO STUDENT: 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, unless otherwise stated in the Master Policy. It is the student's responsibility for timely renewal payments. By signing below, the student acknowledges the following: 1) He/She has carefully read the Brochure 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 Brochure; 4) If it is later determined that the student is not eligible, the premium will be refunded; and 5) Other than for Eligibility, the payment is not refundable.

Signature of Student _____ Date _____