

UNIVERSITY OF LOUISIANA AT MONROE

2008-2009

Campus/School Attending: University of Louisiana at Monroe

**NOTE: You may enroll online instead using VISA/Mastercard at: www.BollingerColleges.com/ulm
Your credit card billing is your only receipt and notification of coverage. Thank you.**

I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES

- DOMESTIC
 INTERNATIONAL

Period	Annual	Fall	Spring	Summer
STUDENT	<input type="checkbox"/> \$ 275.00	<input type="checkbox"/> \$ 106.00	<input type="checkbox"/> \$ 106.00	<input type="checkbox"/> \$ 63.00
SPOUSE (in addition to Student)*	<input type="checkbox"/> \$1,080.00	<input type="checkbox"/> \$ 417.00	<input type="checkbox"/> \$ 417.00	<input type="checkbox"/> \$ 245.00
All CHILDREN (in addition to Student)*	<input type="checkbox"/> \$ 568.00	<input type="checkbox"/> \$ 220.00	<input type="checkbox"/> \$ 220.00	<input type="checkbox"/> \$ 129.00

*** Students enrolled in the plan may secure coverage for their eligible Dependents. Coverage for Dependents must be selected at the same time as Student first enrolls and must be for the same coverage period as the Student.**

EFFECTIVE/EXPIRATION PERIODS

- Annual 08-17-2008 to 08-16-2009
 Fall 08-17-2008 to 01-11-2009
 Spring 01-11-2009 to 05-16-2009
 Summer 05-17-2009 to 08-16-2009

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 payment to Bollinger, P.O. Box 398, Short Hills, NJ 07078-0398. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is student's responsibility for timely payments whether or not a renewal notice is received.

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.

CREDIT CARD AUTHORIZATION PAYMENT INFORMATION

CHARGE FULL VISA _____ EXPIRATION DATE _____
 AMOUNT \$ _____ MasterCard# _____ _____ / _____
Month Year

AUTHORIZED SIGNATURE _____ DATE _____

or PAID BY CHECK # _____ AMOUNT PAID \$ _____