

BERGEN COMMUNITY COLLEGE STUDENT INSURANCE ENROLLMENT CARD FOR PART-TIME STUDENTS

(PLEASE PRINT)

Student's Name _____ / _____ / _____
Last First MI

Permanent US Address _____
Street or PO Box City State Zip

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

Expected Graduation Date: _____ / _____
Month Year

Payment Instructions: Make check or money order payable to Bollinger, Inc. Mail this enrollment card along with premium payment to Bollinger, Inc., P.O. Box 398, Short Hills, NJ 07078 Attn: College Dept.

Detach and Retain for your records

Monumental Life Insurance Company
Hospitalization I.D. Card

NAME _____

Last

First

MI

SCHOOL Bergen Community College

POLICY NO. C-5041

TYPE OF

COVERAGE

Basic Accident and Sickness Coverage

EFFECTIVE DATES

6/30/12 to 6/30/13

PLEASE CHECK ALL APPROPRIATE BOXES:

Part-Time Students may purchase optional coverage for themselves.

	Annual	Spring/Summer	Summer Only
Cost per Student	<input type="checkbox"/> \$132.00	<input type="checkbox"/> \$107.00	<input type="checkbox"/> \$59.00
Coverage Term	6/30/12-6/30/13	1/1/13-6/30/13	5/15/13-6/30/13
Enrollment Deadline	9/30/12	1/31/13	6/15/13

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 eligibility, the premium is not refundable.

Signature of Student _____ **Date** _____

CLAIM PROCEDURES

In the event of injury or illness students should contact the College Health Office at once to obtain a claim form. All claim payments are made from the Short Hills Office of Bollinger Inc. Proofs of loss must be submitted within 90 days following the date of accident or start of sickness.

PREFERRED PROVIDER NETWORK:



www.chn.com

PLAN ADMINISTRATOR:



101 JFK Parkway
Short Hills, NJ 07078
866-267-0092