

**SOUTHERN UNIVERSITY SYSTEMS 2012-2013 OPTIONAL COVERAGE ENROLLMENT FORM
MONUMENTAL LIFE INSURANCE COMPANY**

Insured's Name _____ Last _____ First _____ Middle _____

Address _____ Street or PO Box _____ City _____ State _____ Zip Code _____
Student ID # _____ Date of Birth _____

Optional Injury & Sickness - Dependents	Optional Repatriation - Dependents
Annual	Annual
Spouse <input type="checkbox"/> \$ 400.00	Spouse <input type="checkbox"/> \$ 28.00
Each Child <input type="checkbox"/> \$ 152.00	Each Child <input type="checkbox"/> \$ 28.00
Spouse/Child <input type="checkbox"/> \$ 551.00	
Spouse/Children <input type="checkbox"/> \$ 700.00	

Payment Instructions: Make check, money order or Visa/MasterCard Authorization payable to Bollinger, Inc. Mail this enrollment card along with the premium payment to: Bollinger, Inc. College Enrollment Dept., PO Box 398, Short Hills, NJ 07078. Your cancelled check is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.

**Detach and Retain
2012-2013 Student Insurance Identification Card
Monumental Life Insurance Company**

Insured (Name of Student) _____

Student ID Number _____

If rate has been paid, the Student whose name appears above has been insured under policy number:
**Southern University Systems
Policy # CLA5061**

CLAIMS INSTRUCTIONS

Claims must be submitted to Bollinger, Inc. within 90 days after date of treatment. Mail all medical and hospital bills along with patient's name and insured student's name, address, Students ID number and name of the university under which the student is insured to:

Bollinger, Inc.
P.O. Box 727
Short Hills, NJ 07078-0727
Claims/Coverage Quest

List dependents to be insured below.

	Last Name	First Name	M/F	Date of Birth
Spouse	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____

"I certify that I meet eligibility requirements for this coverage as described in the brochure. If it is later determined that I am not eligible, coverage will be terminated and my Premium will be refunded."

Are you aware that this coverage has a Pre-existing Conditions limitation:

1. Which excludes coverage for any Pre-existing Condition for 12 months from the effective date of coverage; and
2. For which a covered Person may receive credit if certain requirements are met and such person was previously covered for a Pre-existing Condition ____ Yes ____ No

Signature of Student _____ Date _____

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company unless otherwise stated in the Master Policy on file at the University. It is the Student's responsibility for timely renewal payments.

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.