

BABSON COLLEGE
2011-2012 STUDENT HEALTH INSURANCE PLAN
DEPENDENT ENROLLMENT FORM

Students may enroll their eligible dependents in the Babson Student Health Insurance Plan ONLY if the students are enrolled in the Plan themselves. Eligible dependents include the student's spouse and/or children. All dependents must reside with the insured student.

The student premium will be included on your tuition bill. The Dependent Enrollment Deadline is **September 14, 2011**. Payment for the dependent premium must be made by check or money order. Checks must be made payable to *University Health Plans* and sent to:

UNIVERSITY HEALTH PLANS
One Batterymarch Park
Quincy, MA 02169-7454

STUDENT INFORMATION:

Student's Name: _____
Student ID# _____

DEPENDENT PREMIUM:

The dependent premium is separate from and in addition to the student premium.

Annual - (8/13/11-8/12/12)

- Family - \$6,600

DEPENDENT INFORMATION:

Complete ALL fields for each dependent being enrolled in the Plan.

Relationship	Last Name	First Name	Middle Initial	Gender (M/F)	Date of Birth
Spouse					
Child					
Child					
Child					
Child					

Please contact University Health Plans at info@univhealthplans.com or (800) 437-6448 if you have any questions.