

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

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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

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**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.

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

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