

LEHIGH UNIVERSITY
2010-2011 ENROLLMENT FORM

Only students insured for the Basic Benefits may purchase the Enhanced Supplemental Benefit. Purchase must be made by 9/10/10 for the Annual and Fall Semester and by 1/28/11 (new student) for the Spring Semester.

Please note: Students who expect to graduate by the spring semester are eligible to purchase the annual coverage if they wish to be covered from their graduation to 8/08/11.

(Please print the following information.)

Student's Last Name First MI

LIN Date of Birth

Street - Permanent Mailing Address

City State Zip

1. Please check the appropriate box(es) for the type of enrollment and coverage desired.

<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Other _____
<input type="checkbox"/> Annual Student Enrollment 8/08/10-8/08/11	<input type="checkbox"/> Basic Coverage \$1363	<input type="checkbox"/> Supplemental Benefit \$325
<input type="checkbox"/> Fall Only Student Enrollment 8/08/10-1/09/11	<input type="checkbox"/> Basic Coverage \$609	<input type="checkbox"/> Supplemental Benefit \$325
<input type="checkbox"/> Spring Student Enrollment 1/09/11-8/08/11	<input type="checkbox"/> Basic Coverage \$898	<input type="checkbox"/> Supplemental Benefit \$325

2. Make your check or money order for the applicable premium payable to **Lehigh University**.

3. Mail this form with your check or money order to:

Bursar's Office
Lehigh University
27 Memorial Drive West
Bethlehem, PA 18015-3093

Underwritten By:

NATIONWIDE LIFE INSURANCE COMPANY

Method of Payment _____

I have read and understand the ELIGIBILITY terms and conditions to enroll in this policy and once I enroll, the premium is non-refundable unless I fail to meet Eligibility requirements or I enter the Armed Forces.

Student Signature _____ Date _____