

Nationwide Life Insurance Company
Enrollment Form for Part-Time Students and Dependents
2006-07

Massachusetts Community Colleges

Social Security # _____ - _____ - _____

Student Name _____
Last Name First Name MI

Gender _____ Date of Birth _____ Telephone # _____ - _____ - _____

Permanent Address _____
House Building Number and Street Name

Apt or Box # _____
City _____
State _____
Zip Code _____

Mailing Address _____
House Building Number and Street Name

Apt or Box # _____
City _____
State _____
Zip Code _____

Complete information below for dependents to be insured. Dependent coverage is available only for Students insured under the Plan.

Spouse: _____ Gender _____ Date of Birth _____ - _____ - _____
Name Month Day Year

Child: _____ Gender _____ Date of Birth _____ - _____ - _____
Name Month Day Year

Child: _____ Gender _____ Date of Birth _____ - _____ - _____
Name Month Day Year

Child: _____ Gender _____ Date of Birth _____ - _____ - _____
Name Month Day Year

Please check all appropriate boxes

Campus Location:

- | | |
|---|--|
| <input type="checkbox"/> Berkshire Community College
<input type="checkbox"/> Bristol Community College
<input type="checkbox"/> Bunker Hill Community College
<input type="checkbox"/> Cape Cod Community College
<input type="checkbox"/> Greenfield Community College
<input type="checkbox"/> Holyoke Community College
<input type="checkbox"/> Mass Bay Community College
<input type="checkbox"/> Massasoit Community College | <input type="checkbox"/> Middlesex Community College
<input type="checkbox"/> Mt. Wachusett Community College
<input type="checkbox"/> North Shore Community College
<input type="checkbox"/> Northern Essex Community College
<input type="checkbox"/> Quinsigamond Community College
<input type="checkbox"/> Roxbury Community College
<input type="checkbox"/> Springfield Tech Community College
<input type="checkbox"/> Quincy College |
|---|--|

Insured Category

- | | Annual | Second Semester |
|---------------------|----------------------------------|----------------------------------|
| Part Time Student | <input type="checkbox"/> \$1,290 | <input type="checkbox"/> \$870 |
| Spouse | <input type="checkbox"/> \$1,840 | <input type="checkbox"/> \$1,240 |
| Child(ren) | <input type="checkbox"/> \$1,400 | <input type="checkbox"/> \$955 |
| Optional Major Med. | <input type="checkbox"/> \$390 | <input type="checkbox"/> \$390 |

Payment Instructions: Make check or money order payable to Nationwide Life Insurance Company. Mail this enrollment form along with premium payment to University Health Plans, One Batterymarch Park, Quincy, MA 02169-7454. Your cancelled check is your only receipt and notification of coverage.

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. By signing, 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 form; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

Student's Signature _____ Date _____