STEVENS INSITUTE OF TECHNOLOGY
GRADUATE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN
VOLUNTARY STUDENTS AND DEPENDENTS ENROLLMENT FORM
2010-2011

(PLEASE PRINT)

Student Name_____
Last First MI

Mailing Address_____
Street or PO Box City State Zip

Student ID #_____ Date of Birth_____ Gender:_____

Phone#_____ Email Address:_____

Please list Dependents to be insured below.
Dependent coverage is available <u>ONLY</u> if the graduate student is also insured under the Plan.

	Last Name	**First Name**	**MI**	**Date of Birth**	**SS#**	**Gender**
Spouse:						
Child:						
Child:						

PREMIUM RATES FOR VOLUNTARY GRADUATE STUDENTS AND DEPENDENTS

	Annual 8/18/10 - 8/18/11	**Spring 1/8/11 - 8/18/11**	**First Summer 5/15/11 - 8/18/11**	**Second Summer 7/14/11 - 8/18/11**
Student	□ $881	□ $559	□ $246	□ $91
Spouse	□ $2,025	□ $1,271	□ $566	□ $203
All Children	□ $1,484	□ $935	□ $411	□ $147

Payment Instructions: Please mail completed form and premium to: University Health Plans, One Batterymarch Park, Quincy, MA 02169. Coverage will become effective on August 18, 2010 or the date, if later, the completed application and premium are received at University Health Plans. ***Please note Credit Card payments are not accepted. Payment should be made in the form of a Personal Check, US Bank Check or US Money Order payable to <u>Nationwide Life Insurance Company.</u>***

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) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) 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.**

FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties." (NJS 17:33 A-6c, BJP 4/21/99).

STUDENT'S SIGNATURE: _____ DATE: _____

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