

**STEVENS INSTITUTE OF TECHNOLOGY
 UNDERGRADUATE 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 ONLY if the undergraduate student is also insured under the Plan.

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

PREMIUM RATES FOR VOLUNTARY UNDERGRADUATE 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	<input type="checkbox"/> \$651	<input type="checkbox"/> \$418	<input type="checkbox"/> \$187	<input type="checkbox"/> \$66
Spouse	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$1,021	<input type="checkbox"/> \$441	<input type="checkbox"/> \$161
All Children	<input type="checkbox"/> \$1,161	<input type="checkbox"/> \$741	<input type="checkbox"/> \$328	<input type="checkbox"/> \$80

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 Nationwide Life Insurance Company.***

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.