

**BENTLEY UNIVERSITY
HEALTH INSURANCE PLAN DEPENDENT ENROLLMENT FORM**

2014-15

STUDENT'S NAME _____ Student ID # _____ Date of Birth: _____ M / F
ADDRESS: _____ City: _____ State: _____ Zip: _____
EMAIL ADDRESS: _____

**Make check payable to: University Health Plans
Mail to: One Batterymarch Park, Quincy, MA 02169**

COVERAGE COSTS

(Check appropriate boxes) COVERAGE	7/15/14-8/14/15 BMBA	8/15/14 – 8/14/15 Full Year	1/15/15 – 8/14/15 Spring
Spouse	<input type="checkbox"/> \$ 3,191	<input type="checkbox"/> \$ 2,946	<input type="checkbox"/> \$ 1,721
Child(ren)	<input type="checkbox"/> \$ 2,398	<input type="checkbox"/> \$ 2,214	<input type="checkbox"/> \$ 1,294

NOTE: Dependent enrollment period starts and ends concurrently with that of the Student, unless the student is enrolling a newborn baby. The early start full year plan is for dependents of students in the BMBA program only.

NAME OF SPOUSE: _____ Date of Birth: _____ M / F
NAME(S) OF DEPENDENT CHILDREN: _____ Date of Birth: _____ M / F
NAME(S) OF DEPENDENT CHILDREN: _____ Date of Birth: _____ M / F
NAME(S) OF DEPENDENT CHILDREN: _____ Date of Birth: _____ M / F