

**2006-07 CLARK UNIVERSITY  
Dependent and/or Enhanced Supplemental Benefit Enrollment Form**

**Dependents may not purchase the insurance without the student being enrolled for Standard Benefits through the Basic Plan, and may purchase the Enhanced Supplemental Expense Benefit only if the student has purchased the Enhanced Supplemental Benefit. Coverage for all insured dependents will become effective on the same date the insured student's coverage becomes effective, or the date premium is received by University Health Plans, if later. Coverage for insured dependents terminates on the same date the insured student's coverage terminates. The deadline to enroll for annual coverage is 9/15/06 and for spring semester coverage the deadline is 2/15/07.**

1. Please print the following information:

Student's Last Name	First	Initial
Street Address	City	State
		Zip Code
Social Security Number		

2. Check the appropriate coverage(s):

**Annual Cost - (8/15/06 – 8/15/07)**

Spouse :	_____	\$ 1,430.00		
Child:	_____	\$ 1,250.00		
Two or More Dependents:	_____	\$ 2,500.00		
Optional Supplemental Expense Benefit*	_____	\$ 275.00	X	_____ = _____

**Spring Semester Cost - (1/15/07 – 8/15/07)**

Spouse :	_____	\$ 1,059.00		
Child:	_____	\$ 929.00		
Two or More Dependents:	_____	\$ 1,858.00		
Optional Supplemental Expense Benefit*	_____	\$ 275.00	X	_____ = _____

\* Per each insured

**Please list Dependents to be insured below.**

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

3. Make your check or money order for the total applicable premium listed above to:

**Nationwide Life Insurance Company**

4. Return this form with the total applicable premium listed above to:

**University Health Plans, Inc.  
One Batterymarch Park  
Quincy, Massachusetts 02169**

5. Should you have any questions, please contact University Health Plans at (800) 437-6448.