

**LEHIGH UNIVERSITY
STUDENT ACCIDENT & SICKNESS INSURANCE PLAN
2013-2014 ENROLLMENT FORM**

Purchase must be made by **9/9/13** for the Annual and Fall Semester and by **1/24/14** (new student) for the Spring Semester.

Please Note: Students who expect to graduate by the spring semester are eligible to purchase the annual coverage if they wish to be covered from their graduation to 8/8/14.

(Please print the following student information.)

Last Name First Name MI

LIN Date of Birth

Street – Permanent Mailing Address

City State Zip Code

Email Telephone

1. Please check the appropriate box for the type of enrollment and coverage desired.

Student Type		
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Other

Coverage Selection		
<input type="checkbox"/> Annual Plan 8/8/13-8/8/14 \$1,970	<input type="checkbox"/> Fall Only Plan 8/8/13-1/9/14 \$877	<input type="checkbox"/> Spring Plan 1/9/14-8/8/14 \$1,297

2. Make your check or money order for the applicable premium payable to **Lehigh University**.

3. Mail this form with your check or money order to:

**Bursar's Office
Lehigh University
27 Memorial Drive West
Bethlehem, PA 18015-3093**

Underwritten by: **NATIONWIDE LIFE INSURANCE COMPANY**

Method of Payment _____

I have read and understand the ELIGIBILITY terms and conditions to enroll in this policy and once I enroll, the premium is non-refundable unless I fail to meet Eligibility requirements or I enter the Armed Forces.

Student Signature Date