

**LEHIGH UNIVERSITY  
STUDENT ACCIDENT & SICKNESS INSURANCE PLAN  
2014-2015 ENROLLMENT FORM**

Purchase must be made by **9/9/14** for the Annual or Fall Semester Plan and by **1/30/15** (new student) for the Spring Semester Plan.

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 8/8/15.

(Please print the following student information.)

Last Name	First Name	MI
LIN	Date of Birth	Gender
Street – Permanent Mailing Address		
City	State	Zip Code
Email	Telephone	

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

<b>STUDENT TYPE:</b>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Other
<b>COVERAGE SELECTION:</b>	<input type="checkbox"/> Annual Plan 8/8/14-8/8/15 \$1,997	<input type="checkbox"/> Fall Only Plan 8/8/14-1/9/15 \$889	<input type="checkbox"/> Spring Plan 1/9/15-8/8/15 \$1,315

2. Complete online payment via the Student Account Suite or prepare a check or money order payable to Lehigh University.

3. Indicate your Method of Payment: *(Circle one.)*

Student Account Suite      Check      Credit Card      Other (Specify.) \_\_\_\_\_

4. Mail this form (and check or money order, if applicable) to:

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

*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**

The Lehigh University Student Accident & Sickness Insurance Plan is  
underwritten by **NATIONWIDE LIFE INSURANCE COMPANY.**