

# LEHIGH UNIVERSITY

2011-2012 ENROLLMENT FORM

Only students insured for the Basic Benefits may purchase the Enhanced Supplemental Benefit. Purchase must be made by 9/9/11 for the Annual and Fall Semester and by 1/27/12 (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 8/08/12.

(Please print the following information.)

Student's Last Name First MI

LIN Date of Birth

Street - Permanent Mailing Address

City State Zip

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

<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Other _____
<input type="checkbox"/> Annual Student Enrollment 8/08/11-8/08/12	<input type="checkbox"/> Basic Coverage \$1,520	<input type="checkbox"/> Supplemental Benefit \$365
<input type="checkbox"/> Fall Only Student Enrollment 8/08/11-1/09/12	<input type="checkbox"/> Basic Coverage \$678	<input type="checkbox"/> Supplemental Benefit \$365
<input type="checkbox"/> Spring Student Enrollment 1/09/12-8/08/12	<input type="checkbox"/> Basic Coverage \$1,001	<input type="checkbox"/> Supplemental Benefit \$365

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 \_\_\_\_\_