SARAH LAWRENCE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN DEPENDENT ENROLLMENT FORM

		2	2013-2014			
(PLEASE PI						
Student Name	e		First		MI	
Mailing Addr					IVII	
Mailing Address Street or PO Box		, D-	City		State Zip	
Student ID #		Da	te of Birth		Gender	
Email			Ph	one#		
	Dependent coverage	Please list Depende is available <u>ONL</u>		sured below. nt is also insured unde	r the Plan.	
	Last Name	First Name	MI	Date of Birth	Gender	
Spouse:						
Child:						
Child:						
Child:						
PREMIIIM	RATES FOR DEPEN	DENTS				
REMICH	RATES FOR DELEN	An	nual - 9/1/14	Spring 1/20/14 - 9/1	/14	
_						
Spouse or Domestic Partner: Child(ren):		□ \$6,612 □ \$3,152		□ \$4,431 □ \$2,129		
		□ \$3,13	ı	□ Ψ2,12 <i>)</i>		
<u>Dependent E</u>	nrollment Deadlines:					
Fall Term Enrollment:		•	August 10, 2013			
Spring Term Enrollment:		January 6,	January 6, 2014			
Quincy, MA application an <i>Payment sho</i>	02169. Coverage wind premium are receive	ill become effectived at University He form of a Person	ve on Septemb alth Plans. <i>Ple</i>	per 1, 2013 or the date ase note Credit Card pe	s, One Batterymarch Park, e, if later, the completed ayments are not accepted. Money Order payable to	
representative Master Policy. as indicated or and 3) If it is	of the Company or the By signing, the student this enrollment card; 2)	effective date of the acknowledges the for He/She meets the east of the east o	e coverage period llowing: 1) He/S ligibility required ble, the premium	od, whichever is later, un She has carefully read the ements for this coverage a	wed by the Company or a dless otherwise stated in the brochure and elects to enroll as described in the brochure; mium will not be refunded	
STUDENT'S SIGNATURE:			DATE:			

Please contact University Health Plans at info@univhealthplans.com or (800) 437-6448 if you have any questions about enrolling yourself or dependents in the plan.