## SARAH LAWRENCE STUDENT HEALTH INSURANCE PLAN DEPENDENT ENROLLMENT FORM 2014-2015

## 2014-2015 (PLEASE PRINT) Student Name First MIMailing Address Street or PO Box State Gender\_\_\_\_ Student ID # Date of Birth Email Phone# Please list Dependents to be insured below. Dependent coverage is available ONLY if the student is also insured under the Plan. Last Name Date of Birth First Name MI Gender Spouse: Child: Child: Child: PREMIUM RATES FOR DEPENDENTS Annual Spring 09/01/14 - 08/31/1501/20/15 - 08/31/15Spouse or Domestic Partner: □ \$7,992 □ \$5,468 Child(ren): □ \$3,832 □ \$2,627 Dependent Enrollment Deadlines: Fall Term Enrollment: August 10, 2014 January 6, 2015 Spring Term Enrollment: **Payment Instructions:** Please mail completed form and premium to: University Health Plans, One Batterymarch Park, Quincy, MA 02169. Coverage will become effective on September 1, 2014 or the date, if later, the completed application and premium are received at University Health Plans. Please note Credit Card payments are not accepted. Payment should be made in the form of a Personal Check, US Bank Check or US Money Order payable to Nationwide Life Insurance Company. NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

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

STUDENT'S SIGNATURE: \_\_\_\_\_DATE: \_\_\_\_