

BENTLEY UNIVERSITY
2017-18
HEALTH INSURANCE PLAN DEPENDENT ENROLLMENT FORM

Student Name: _____ Student ID#: _____ Date of Birth: _____ M/F

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Make check payable to: University Health Plans

**Mail to: University Health Plans
 15 Pacella Park Drive
 Randolph, MA 02368**

COVERAGE COSTS ARE ADDITIONAL TO THE STUDENT PREMIUM WHICH IS PAID DIRECTLY TO BENTLEY UNIVERSITY

(Check appropriate boxes)

	7/15/17-8/14/18	8/15/17-8/14/18	1/15/18-8/14/18
Coverage	BMBA	Full Year	Spring
Spouse	\$3,606.00	\$3,329.00	\$1,944.00
Child(ren)	\$2,709.00	\$2,501.00	\$1,461.00

NOTE: Dependent enrollment period starts and ends concurrently with that of the Student, unless the student is enrolling a newborn baby. The early start full year plan is for dependents of students in the BMBA program only.

NAME OF SPOUSE: _____ Date of Birth: _____ M / F

NAME(S) OF DEPENDENT CHILDREN: _____ Date of Birth: _____ M / F

NAME(S) OF DEPENDENT CHILDREN: _____ Date of Birth: _____ M / F

NAME(S) OF DEPENDENT CHILDREN: _____ Date of Birth: _____ M / F

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