

WASHBURN UNIVERSITY

2011-2012 DOMESTIC STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

Domestic and Graduate students either complete this enrollment form or enroll online for student accident and sickness insurance at www.sas-mn.com.

Mail Enrollment Form to Student Assurance Services P.O. Box 196, Stillwater, MN 55082-0196

Student's Name _____ Soc. Sec. # _____
 (Please Print) (Last) (First) (MI)

Address _____ Phone# _____
 (Street) (City) (State) (Zip)

Undergraduate Graduate International Birthdate _____ email: _____
 MM/DD/YY

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____

Please charge \$ _____ to the following credit card: VISA® MasterCard® or Discover® Card Expiration Date
 Credit Card Number Security Code (on back of card, 3 digits) (Month) (Year)

**Credit card billing will state:
 "Student Assurance Services, Inc."**

Student Signature _____ Date _____
 MM/DD/YY

Cardholder Name/Cardholder Signature _____ Date _____
 (Phone No.) MM/DD/YY

Cardholder Address _____
 (Street) (City) (State) (Zip)

	*Annual	*Semi-Annual Installment	*Quarterly Installment	Spring-Summer	Summer
	08-15-11 to 08-14-12	08-15-11 to 02-14-12 02-15-12 to 08-14-12	08-15-11 to 11-14-11 11-15-11 to 02-14-12 02-15-12 to 05-14-12 05-15-12 to 08-14-12	01-17-12 to 08-14-12	05-29-12 to 08-14-12

STUDENTS AGE 29 & UNDER

Student Only	\$ 840	\$ 430	\$ 220	\$ 488	\$ 183
Student and Spouse	\$3,360	\$1,690	\$ 850	\$1,922	\$ 702
Student, Spouse and Child(ren)	\$5,040	\$2,530	\$1,271	\$2,878	\$1,048
Student and Child(ren)	\$2,520	\$1,260	\$ 640	\$1,444	\$ 529

STUDENTS AGE 30 TO 65

Student Only	\$1,302	\$ 661	\$ 336	\$ 751	\$ 278
Student and Spouse	\$5,208	\$2,614	\$1,312	\$2,973	\$1,083
Student, Spouse and Child(ren)	\$7,812	\$3,916	\$1,964	\$4,455	\$1,619
Student and Child(ren)	\$3,906	\$1,963	\$ 987	\$2,233	\$ 815

This plan has an enrollment period, refer to the online brochure on our website www.sas-mn.com

***The Semi-Annual and Quarterly installment payment is only available to students enrolling in annual coverage.**

Coverage becomes effective on the later of: the Master Policy effective date 08-15-2011; the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the University or Servicing Agent. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2012, or when premium for the insurance coverage is due and unpaid. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master Policy.

DEPENDENT INFORMATION

Spouse's Name _____ Birthdate _____
 Soc. Sec. # _____

Child's Name _____ Birthdate _____
 Soc. Sec. # _____

Child's Name _____ Birthdate _____
 Soc. Sec. # _____