

SOUTH TEXAS COLLEGE • 2009-2010 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381
 COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • Home Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381

Students who wish to purchase insurance coverage by authorizing the College to bill the premium amount to your student account, should complete this form and return it to the Cashier. If you wish to pay by credit card, then students can complete the enrollment form on the website www.sas-mn.com located under school look-up.

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 South Texas College, in the amount of \$ _____ Student ID# _____

PREMIUMS (Indicate premium requested)

	Annual			Spring Semester			Trimester		
	08-31-2009 to 08-30-2010			01-19-2010 to 08-30-2010			05-16-2010 to 08-30-2010		
Student Only - Age 35 & Under	<input type="checkbox"/> \$	238.00		<input type="checkbox"/> \$	147.00		<input type="checkbox"/> \$	80.00	
Student & Spouse	<input type="checkbox"/> \$	530.00		<input type="checkbox"/> \$	326.00		<input type="checkbox"/> \$	177.00	
Student, Spouse & Child(ren)	<input type="checkbox"/> \$	732.00		<input type="checkbox"/> \$	450.00		<input type="checkbox"/> \$	244.00	
Student & Child(ren)	<input type="checkbox"/> \$	418.00		<input type="checkbox"/> \$	257.00		<input type="checkbox"/> \$	140.00	
Student Only - Age 36 To Age 50	<input type="checkbox"/> \$	276.00		<input type="checkbox"/> \$	170.00		<input type="checkbox"/> \$	92.00	
Student & Spouse	<input type="checkbox"/> \$	561.00		<input type="checkbox"/> \$	345.00		<input type="checkbox"/> \$	187.00	
Student, Spouse & Child(ren)	<input type="checkbox"/> \$	777.00		<input type="checkbox"/> \$	478.00		<input type="checkbox"/> \$	259.00	
Student & Child(ren)	<input type="checkbox"/> \$	461.00		<input type="checkbox"/> \$	284.00		<input type="checkbox"/> \$	154.00	
Student Only - Age 50 & Over	<input type="checkbox"/> \$	331.00		<input type="checkbox"/> \$	204.00		<input type="checkbox"/> \$	111.00	
Student & Spouse	<input type="checkbox"/> \$	770.00		<input type="checkbox"/> \$	473.00		<input type="checkbox"/> \$	257.00	
Student, Spouse & Child(ren)	<input type="checkbox"/> \$	972.00		<input type="checkbox"/> \$	597.00		<input type="checkbox"/> \$	324.00	
Student & Child(ren)	<input type="checkbox"/> \$	533.00		<input type="checkbox"/> \$	328.00		<input type="checkbox"/> \$	178.00	

Premiums are not prorated. The total premium must be paid for the term you enroll in even though the term may be in progress. Coverage becomes effective on the later of: the Policy Effective Date (08-31-2009); 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 Plan Administrator. All coverage expires on 08-30-2010 or when payment 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 Master Policy. Any refund is subject to a \$25 administrative fee.

DEPENDENT INFORMATION(Complete if purchasing dependent coverage)

Spouse's Name _____ Soc Sec# _____ Birthdate _____
(MM/DD/YY)

Child's Name _____ Soc Sec# _____ Birthdate _____
(MM/DD/YY)

Child's Name _____ Soc Sec# _____ Birthdate _____
(MM/DD/YY)

Student Signature _____ Date _____ / _____ / _____
MM DD YY