

SOUTH TEXAS COLLEGE • 2010-2011 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

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 \$ _____. Student ID# _____
Mail to: Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082

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."**

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

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

PREMIUMS (Indicate premium requested)

	<table border="0"> <tr> <th colspan="2">Annual</th> <th colspan="2">Spring Semester</th> <th colspan="2">Trimester</th> </tr> <tr> <th>08-30-2010 to 08-29-2011</th> <th>01-19-2011 to 08-29-2011</th> <th>08-30-2010 to 12-29-2010</th> <th>12-30-2010 to 05-15-2011</th> <th>05-16-2011 to 08-29-2011</th> <th></th> </tr> </table>			Annual		Spring Semester		Trimester		08-30-2010 to 08-29-2011	01-19-2011 to 08-29-2011	08-30-2010 to 12-29-2010	12-30-2010 to 05-15-2011	05-16-2011 to 08-29-2011	
	Annual		Spring Semester		Trimester										
08-30-2010 to 08-29-2011	01-19-2011 to 08-29-2011	08-30-2010 to 12-29-2010	12-30-2010 to 05-15-2011	05-16-2011 to 08-29-2011											
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 (08-30-2010); 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 08-29-2011 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 provided will be 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