

## Gonzaga University 2009 – 2010 Student Injury and Sickness Plan Enrollment Form

I elect to purchase Injury and Sickness coverage under Gonzaga University's student insurance plan as indicated below from United States Fire Insurance Company. Eligible dependents are spouse and children to age 19 or to age 25 if a full-time student.

Coverage Dates (please check the term you would like to purchase coverage for):

**Undergraduate and Graduate Students:**

Annual 8/29/09–8/28/10     Fall 8/29/09–1/10/10     Spring 1/11/10–5/16/10     Summer 5/17/10–8/28/10

**Law Students:**

Annual 8/21/09–8/20/10     Fall 8/21/09–1/10/10     Spring 1/11/10–5/16/10     Summer 5/17/10–8/20/10

**STUDENTS AGE 23 AND UNDER AS OF 8/1/2008** (please check a coverage option):

	<u>Annual</u>	<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
Student Only	<input type="checkbox"/> \$929	<input type="checkbox"/> \$371	<input type="checkbox"/> \$371	<input type="checkbox"/> \$215
Student & Spouse	<input type="checkbox"/> \$3,840	<input type="checkbox"/> \$1,504	<input type="checkbox"/> \$1,504	<input type="checkbox"/> \$858
Student & Child	<input type="checkbox"/> \$2,093	<input type="checkbox"/> \$827	<input type="checkbox"/> \$827	<input type="checkbox"/> \$465
Student, Spouse & Child	<input type="checkbox"/> \$4,981	<input type="checkbox"/> \$1,956	<input type="checkbox"/> \$1,956	<input type="checkbox"/> \$1,097

**STUDENTS AGE 24 AND OVER AS OF 8/1/2008** (please check a coverage option):

	<u>Annual</u>	<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
Student Only	<input type="checkbox"/> \$1,893	<input type="checkbox"/> \$746	<input type="checkbox"/> \$746	<input type="checkbox"/> \$436
Student & Spouse	<input type="checkbox"/> \$4,872	<input type="checkbox"/> \$1,911	<input type="checkbox"/> \$1,911	<input type="checkbox"/> \$1,091
Student & Child	<input type="checkbox"/> \$3,098	<input type="checkbox"/> \$1,222	<input type="checkbox"/> \$1,222	<input type="checkbox"/> \$706
Student, Spouse & Child	<input type="checkbox"/> \$6,025	<input type="checkbox"/> \$2,363	<input type="checkbox"/> \$2,363	<input type="checkbox"/> \$1,340

**STUDENT INFORMATION:**     Domestic     International

Primary Insured Student Name: \_\_\_\_\_  
First Name                      Middle Initial                      Last Name

Student Social Security Number: \_\_\_\_\_ Student School ID Number: \_\_\_\_\_

Student Gender:  Male     Female    Student Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Month                      Day                      Year

Mailing Address: \_\_\_\_\_  
Number and Street                      Apartment Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address: \_\_\_\_\_

To enroll dependents, list dependents to be insured below. Dependent coverage is available only if the student is also enrolled in this plan.

Last Name                      First Name                      MI                      Date of Birth                      Social Security Number

Spouse: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

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Do you have any other insurance, including but not limited to group or individual health and/or accident, government plan, or automobile plan?    YES     NO

If yes, please give name, address, phone number, policy number and effective date of this plan: \_\_\_\_\_

**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 is enrolled with at least 6 credit or more credit hours per semester and has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) rates are not pro-rated other than as listed on this enrollment form; 3) dependents meet the eligibility requirements of this coverage as described in the brochure, and 4) if it is later determined that the student or dependents are not eligible, the premium will be refunded. Premium will not be refunded except ineligibility or entrance into the armed forces.

**Authorization to Release Information:**

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information, to Summit America Insurance Services, L.C., the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. A photo copy of this authorization shall be as valid as the original.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment & Payment Procedure:**

Send this enrollment form with payment in US dollars to Gonzaga University Student Accounts, PO Box 3463, Spokane, WA 99220. Make check or money order payable to Summit America Insurance Services, L.C. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment. Renewal notices will not be sent for re-enrollment. To charge your premium to American Express, Visa or Master Card, complete the charge card authorization below. **Note:** We cannot accept payment by phone.

**Credit Card Authorization**

AmEX/Visa/MasterCard # \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ Charge Amount \$ \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_