

STUDENT INSURANCE ENROLLMENT FORM

ST NORBERT COLLEGE – POLICY 2009-001551-6

STUDENT RESOURCES

underwritten by **UnitedHealthCare**

To enroll in the St. Norbert College student insurance plan complete this form and return to the St. Norbert College Finance Office BEFORE August 15, 2009

St. Norbert College Finance Dept.

100 Grant St.

De Pere, WI 54115

(Please Print)

STUDENT'S NAME: _____ Male Female

PERMANENT ADDRESS: _____

SOCIAL SECURITY # _____ **BIRTHDATE** _____ **Phone #**() _____

Campus Address (if known) _____ **SNC E-MAIL ADDRESS** _____

NOTICE TO STUDENT: It is the student's responsibility for timely renewal payments. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; 4) If it is later determined that the student is not eligible, the premium will be refunded; and 5) other than eligibility or entry into the armed forces, the premium is not refundable.

SIGNATURE OF STUDENT _____ **Date** _____

Your ID Card will be mailed by The UnitedHealthCare Insurance Company upon receipt of your enrollment.

St. Norbert College STUDENT INSURANCE PLAN EFFECTIVE DATES: 08-01-2009 to 07-31-2010

A. ANNUAL PREMIUM RATE: BASIC PLAN (\$15,000 per injury/illness) \$367 \$ _____

ADDITIONAL OPTIONAL COVERAGE IS AVAILABLE ONLY TO THOSE STUDENTS WHO ARE ENROLLED IN THE BASIC PLAN

B. OPTIONAL – ADDITIONAL MAJOR MEDICAL COVERAGE: \$444 (\$35,000) \$ _____

C. OPTIONAL -- ADDITIONAL MAJOR MEDICAL COVERAGE: \$697 (\$235,00) \$ _____

D. SPOUSE AND CHILD: Call Finance Office (920) 403-3002 for rates \$ _____

TOTAL AMOUNT DUE (A+ any of the optional coverage premiums you selected) \$ _____

Make check or money order payable to St. Norbert College. Return payment and completed enrollment form to:

St. Norbert College Finance Office

100 Grant Street

De Pere, WI 54115

Your cancelled check is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.

Entire premium must be paid at time of enrollment: Check # _____ Money order # _____

Bill my tuition

NOTE: After September 1, 2009, the premium for the basic plan will increase to \$757/year