

**ST NORBERT COLLEGE /WPS Health Insurance Company
2015-16 WAICU STUDENT HEALTH INSURANCE
ENROLLMENT FORM**

To enroll in the St. Norbert College student insurance plan, choose your plan option, (High Deductible Plan or Zero Deductible Plan listed below) complete this form and return to the St. Norbert College Bursar Office (address below) BEFORE August 1, 2015. If you have not submitted other insurance information to St. Norbert College by August 1, 2015, you will automatically be enrolled into the High Deductible Plan (St. Norbert College/ WAICU Plan) <http://www.snc.edu/health/docs/WPSHardWaiver20152016.pdf>)

(Please Print)

STUDENT'S NAME: _____ Male Female

BIRTHDATE _____ Social Security Number (required by the Affordable Care Act) _____

Cell: () _____ Home Phone: () _____

PERMANENT ADDRESS: _____

Student ID No. _____ Campus suite box: _____ SNC e-mail _____

NOTICE TO STUDENT: Student eligibility for this plan is a full time registered student at St. Norbert College. If you are a part time or graduate student, a spouse or a dependent, enrollment is directly through WPS www.wpsic.com/waicu select St. Norbert College and complete form. By signing below, the student acknowledges the following: 1) Student has carefully read the brochure and elects to enroll in the plan selected on this enrollment form; 2) Rates are not pro-rated; 3) Student 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 to you by WPS Health Insurance Co. upon receipt of your enrollment.

EFFECTIVE DATES: 08-01-2015 to 07-31-2016

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|--|--------------------|
| <input type="checkbox"/> High Deductible Plan (under age 21*) (\$118.25/ month) | \$ 1419.00 |
| <small>(plan includes in-network preventive care, all SNC Health Services and prescription drug plan; All other health care subject to full deductible of \$6,350)</small> | |
| <input type="checkbox"/> Zero Deductible Plan (under age 21*) (231.15/month) | \$ 2,773.80 |

****If you are over 21 as of August 1, 2015, please contact the Bursar Office at 800-597-3922 for premium rates. Make check or money order payable to St. Norbert College. Return payment and completed enrollment form to:**

**St. Norbert College Bursar Office
100 Grant Street
De Pere, WI 54115**

The health insurance cost (s) applied to your student account will confirm your enrollment in this plan. You may review this charge and all your account activity 24/7 on *Knighthline*, under *Student Services*, *Bursar Office*.

It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.

Please indicate payment: Check # _____ Money order # _____ Bill my account