

Indiana University SAA/International 2006-2007 Student Health Insurance Plan Spring-Continuation Enrollment Form

In order to enroll steps 1 through 5 must be completed.

1. Complete all Student information. Incomplete information will delay processing!

Student Name: _____
Last Name First Name MI

Social Security#: _____ Email address: _____

Mailing Address: _____
Apt. #

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth _____ Sex: Male Female
mm/dd/yy

2. List Dependents to be insured. Dependent coverage is only available if the student is covered.

| Dependents | Last Name | First Name | DOB | Social Security Number | M/F |
|------------|-----------|------------|-----|------------------------|-----|
| Spouse | | | | | |
| Child | | | | | |
| Child | | | | | |
| Child | | | | | |

3. Select Plan and Enrollment Period.

Deadline to enroll is February 1, 2007

| 812849-CSP9 | Period 1 | Period 2 | Period 3 |
|----------------------------|-----------------------|-----------------------|-----------------------|
| Continuation Plan | 1/1/07-1/31/07 | 1/1/07-2/28/07 | 1/1/07-3/31/07 |
| 1. Student | o \$170 | o \$339 | o \$509 |
| 2. Spouse/Domestic Partner | o \$404 | o \$808 | o \$1,212 |
| 3. Each Child | o \$308 | o \$616 | o \$923 |
| 812849-CSP9 | Period 4 | Period 5 | Period 6 |
| Continuation Plan | 1/1/07-4/30/07 | 1/1/07-5/31/07 | 1/1/07-6/30/07 |
| 1. Student | o \$678 | o \$848 | o \$1,017 |
| 2. Spouse/Domestic Partner | o \$1,616 | o \$2,020 | o \$2,425 |
| 3. Each Child | o \$1,231 | o \$1,539 | o \$1,847 |

4. Designate Payment Method.

Make check or money order payable to Chickering Benefit Planning Insurance Agency Inc. or refer to the charge card authorization to charge premium to Visa or MasterCard (please note Visa and MasterCard are the only credit cards accepted). CASH WILL NOT BE ACCEPTED.

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY. (VISA OR MASTERCARD ARE THE ONLY ACCEPTED CREDIT CARDS)

PLEASE READ AND SIGN THE BACK OF THIS FORM. WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION→

