

Yes,

I wish to participate in the Indiana State University Student Insurance Plan. My check or money order payable to Student Insurance Plan for the coverage selected below is enclosed.

Note: You may also enroll online at www.MyISUInsurance.com by using your checking, savings, debit or credit card accounts.

ANNUAL 8/22/2012-8/21/2013	
Student Only	<input type="checkbox"/> \$1,137
Additional for Spouse	<input type="checkbox"/> \$3,288
Additional for Child(ren)	<input type="checkbox"/> \$2,201
Additional for Spouse and Child(ren)	<input type="checkbox"/> \$5,489
FALL 8/22/2012-1/8/2013	
Student Only	<input type="checkbox"/> \$ 479
Additional for Spouse	<input type="checkbox"/> \$1,419
Additional for Child(ren)	<input type="checkbox"/> \$ 960
Additional for Spouse and Child(ren)	<input type="checkbox"/> \$2,379
SPRING & SUMMER 1/9/2013-8/21/2013	
Student Only	<input type="checkbox"/> \$ 717
Additional for Spouse	<input type="checkbox"/> \$2,072
Additional for Child(ren)	<input type="checkbox"/> \$1,383
Additional for Spouse and Child(ren)	<input type="checkbox"/> \$3,455
SUMMER ONLY 5/16/2013-8/21/2013	
Student Only	<input type="checkbox"/> \$ 376
Additional for Spouse	<input type="checkbox"/> \$1,087
Additional for Child(ren)	<input type="checkbox"/> \$ 726
Additional for Spouse and Child(ren)	<input type="checkbox"/> \$1,813
*MONTHLY FOR FULL POLICY YEAR (AUTO DEBIT ONLY ON THE 22ND OF EACH MONTH)	
Student Only	<input type="checkbox"/> \$ 117
Additional for Spouse	<input type="checkbox"/> \$ 311
Additional for Child(ren)	<input type="checkbox"/> \$ 213
Additional for Spouse and Child(ren)	<input type="checkbox"/> \$ 524

* This option is for full policy year coverage via an automatic debit from your checking, savings or credit card account. There is NO provision for cancellation unless admitted into the Armed Forces. Renewal premium notices will be mailed to the address provided, however, it is your responsibility to submit premium prior to expiration date in order to avoid a lapse in coverage.

Insurance costs shown include an administrative fee.

THE INDIANA STATE UNIVERSITY STUDENT INSURANCE PLAN ENROLLMENT CARD 2012-2013

Please Print Legibly

Student's Name _____
(First) (M) (Last)

Student I.D. # _____

Social Security # _____

Campus attending (important) _____

Billing Address:

Street _____ Apt. No. _____

City _____ State _____ Zip _____

Male Female Date of Birth _____

Telephone No. _____

Alternate Telephone No. _____

Do you have any other medical insurance? YES NO

If yes, name of insurance company: _____

E-mail Address (important!) _____

Spouse's Name _____

Date of Birth (mm/dd/yy) _____

Social Security # _____

Child _____ Date of Birth (mm/dd/yy) _____

Social Security # _____

Child _____ Date of Birth (mm/dd/yy) _____

Social Security # _____

Child _____ Date of Birth (mm/dd/yy) _____

Social Security # _____

I have carefully read the brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. PLEASE MAKE SURE TO INDICATE COVERAGE DESIRED ON LEFT. My remittance in the amount of \$_____ is enclosed.

MONTHLY ENROLLEES...Please indicate which month you desire your coverage to begin _____(Month). Monthly enrollees: please complete Automatic Payment Authorization Form

Make check or money order payable to Student Insurance Plan.

Mail this enrollment card along with premium to: Post Office Box 189, Libertyville, IL 60048

Please charge my Student Health Insurance: (Minimum charge of \$25). You must re-enroll in the insurance plan each term.

VISA DISCOVER MASTERCARD AMEX

Card Number _____

3 or 4 digit security code _____ Expiration Date _____

Print name of cardholder _____

Cardholder signature _____

Please Charge \$_____ for Student Health Insurance.

Student signature _____

Today's Date _____

NOTE: You may enroll "On-line" and pay your premium by electronic check or major credit card at www.MyISUInsurance.com