

**INDIANA WESLEYAN UNIVERSITY**  
**2012-2013 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM**  
 COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

To apply for student accident and sickness insurance coverage, either complete this enrollment form or enroll online at: [www.IWUInsurance.com](http://www.IWUInsurance.com).

Undergraduate  Graduate Student ID: \_\_\_\_\_ Credit Hours \_\_\_\_\_

Student's Name \_\_\_\_\_ Soc. Sec. #    -   -

(Please Print) (Last) (First) (MI)

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Birthdate \_\_\_\_\_ Telephone \_\_\_\_\_ email: \_\_\_\_\_

(MM/DD/YY)

**PREMIUM SCHEDULE (INDICATE PREMIUM SELECTED)**

	<b>Annual</b>	<b>*Semi-Annual</b>	<b>Spring/Summer</b>
	<b>08-25-2012</b>	<b>08-25-2012 to 02-24-2013</b>	<b>01-01-2013</b>
	<b>to 08-24-2013</b>	<b>02-25-2013 to 08-24-2013</b>	<b>to 08-24-2013</b>
Student Only	<input type="checkbox"/> \$1,055.00	<input type="checkbox"/> \$ 528.00	<input type="checkbox"/> \$ 683.00
Spouse	<input type="checkbox"/> \$3,788.00	<input type="checkbox"/> \$1,894.00	<input type="checkbox"/> \$2,451.00
Each Child	<input type="checkbox"/> \$2,424.00	<input type="checkbox"/> \$1,212.00	<input type="checkbox"/> \$1,568.00

Premium includes an agent service fee. This plan has an enrollment period, refer to the online brochure at [www.IWUInsurance.com](http://www.IWUInsurance.com).

\*The semi-annual installment method of payment is only available to students enrolling in annual coverage. For students making two installments, the second installment will be billed and is due on 2-25-2013.

Coverage becomes effective on the later of: the Master Policy effective date 08-25-2012; the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the University Business Office or the Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-24-2013, or when premium for the insurance coverage is due and unpaid. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master Policy. Any refund provided is subject to a \$25 administration fee.

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ \_\_\_\_\_.  
 Mail to: Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082-0196

Please charge my credit card a one-time premium payment of \$ \_\_\_\_\_. Complete credit card information below.

**Credit card billing will state:**  
**"Student Health Insurance"**

Check credit card type:  VISA®  MasterCard® or  Discover®

Card Expiration Date  
 (Month) (Year)

Credit Card Number

Security Code (on back of card, 3 digits)

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Cardholder Name/Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Phone No.) (MM/DD/YY)

Cardholder Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**DEPENDENT INFORMATION (COMPLETE IF PURCHASING DEPENDENT COVERAGE)**

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_ MM/DD/YY

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_ MM/DD/YY

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_ MM/DD/YY

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
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