



North Park University

Domestic Student Health Insurance Plan

Underwritten by Nationwide Life Insurance Company - Policy Number: 302-065-4814
Administered by Consolidated Health Plans – Group Number: S221516

ENROLLMENT FORM FOR DOMESTIC STUDENTS & DEPENDENTS

Annual/Fall Enrollment Deadline: 9/15/2016

Spring Enrollment Deadline: 2/1/2017

STUDENT: Complete information below for student. **PLEASE PRINT LEGIBLY.**

SOCIAL SECURITY #:		OR STUDENT ID #:	
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH: ____/____/____ Month Day Year	
MAILING ADDRESS – House/Building Number and Street Name:			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	

INSURANCE COSTS:

	Annual 8/15/16–8/14/17	Fall 8/15/16-12/31/16	Spring 1/1/17-8/14/17
Students	<input type="checkbox"/> \$2,408	<input type="checkbox"/> \$917	<input type="checkbox"/> \$1,491
Per Dependent	<input type="checkbox"/> \$2,408	<input type="checkbox"/> \$917	<input type="checkbox"/> \$1,491

*Rates above include a Service Fee paid to the servicing broker.

DEPENDENTS: Please list Dependents to be insured below.

Note: Dependent coverage is available ONLY if the student is also covered by the Plan. Please keep in mind that ANY change to student status (e.g. full-time to part-time) can affect your coverage and your dependents' coverage. For questions, please contact Consolidated Health Plans at 800-633-7867.

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GENDER
Spouse					
Child					
Child					
Child					

*Add information for additional children on the back

Payment Instructions: Please mail completed form and correct premium to: **Consolidated Health Plans, 2011 Roosevelt Ave. Springfield, MA 01104.** Payment should be made in the form of a Personal Check, US Bank Check or US Money Order and made payable to **Consolidated Health Plan.**

NOTICE TO STUDENT: By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility or entrance into the armed forces.**

STUDENT'S SIGNATURE: _____ **DATE:** _____

Questions? Please contact Consolidated Health Plans at (800) 633-7867.