

**SAINT XAVIER UNIVERSITY  
AUTOMATIC PAYMENT AUTHORIZATION 2015-2016  
(GRADUATE STUDENTS)**

I request and authorize COMPANION LIFE INSURANCE COMPANY and/or its designee to obtain payment of amounts becoming due the Company by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. I understand that there is no provision for cancellation unless admitted into the Armed Forces.

DRAFT DATE: \_\_\_\_\_ (Will be debited on the 11th of each month)

DRAFT AMOUNT: \_\_\_\_\_

Check One:  Checking Account  Savings Account

NAME OF BANK WHERE ACCOUNT IS AUTHORIZED

ADDRESS OF BANK

CITY STATE

NAME OF INSURED, APPLICANT (PRINT)

NAME(S) OF DEPOSITOR(S) IF OTHER THAN THE INSURED

DEPOSITOR SOCIAL SECURITY NUMBER

DEPOSITOR DRIVER'S LICENSE NUMBER

DEPOSITOR STATE

RELATIONSHIP TO INSURED

SIGNATURE OF DEPOSITOR DATE

AUTOMATIC PAYMENT FROM YOUR CHECKING ACCOUNT  
REQUIRES A COPY OF A VOIDED CHECK  
(PLEASE DO NOT SEND A DEPOSIT SLIP)

Please email or fax completed Authorization application and voided check to  
office@aipstudentinsurance.com or 262-758-6344

Please automatically charge my Student insurance premiums to my account identified below for the remaining terms for the entire policy year.

VISA  DISCOVER  MASTERCARD  AMEX

Credit/Debit Card Number \_\_\_\_\_ Expires: \_\_\_\_\_  
Last 3 numbers on the reverse side of the credit card. Located within the signature box \_\_\_\_\_ (For Authorization Purposes)

Print name of cardholder \_\_\_\_\_

Cardholder phone number \_\_\_\_\_

Amount authorized to debit \_\_\_\_\_ for Student Health Insurance.

Cardholder signature \_\_\_\_\_  
Today's Date

FOR HOME OFFICE USE ONLY  
BANK TRANSIT NUMBER \_\_\_\_\_  
DEPOSITOR'S ACCOUNT NUMBER \_\_\_\_\_

**SAINT XAVIER UNIVERSITY  
ACCIDENT AND SICKNESS 2015-2016  
OFFLINE ENROLLMENT FORM for Graduate Students**

Please Print Legibly

Student's Name \_\_\_\_\_  
(First) (M) (Last)

Student I.D. # \_\_\_\_\_

Billing Address:  
Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address (IMPORTANT!) \_\_\_\_\_

I wish to enroll in the Student Insurance Plan checked below. My check or money order for the amount shown is attached.

Make check or money order payable to **Student Insurance Plan.**  
Mail this enrollment card along with premium to:  
**609 N. Pine Street, Suite 202  
Burlington, WI 53105**

I wish to have my student account charged for the insurance term selected below.

|                        |                                      |                                                       |
|------------------------|--------------------------------------|-------------------------------------------------------|
| Coverage Available For | Annual                               | *Fall Semester Installment                            |
| Student Only           | \$1,780                              | \$ 843                                                |
| Coverage Available For | Spring & Summer Semester Installment | New Students Spring & Summer                          |
| Student Only           | \$1,016                              | \$1,421                                               |
| Coverage Available For | New Students Summer                  | *Monthly Auto Debit Debited on the 11th of each month |
| Student Only           | \$701                                | \$160 (Fall)<br>\$194 (Spring)<br>\$250 (Summer)      |

Note: For term date, see page 3, Periods of Coverage.

\*Monthly premium is available for ANNUAL coverage. Premium will be debited on the 11th of each month through July 11, 2016. Your signature below indicates that you are aware that you are purchasing ANNUAL coverage with a MONTHLY automatic payment using your banking or credit account. If you do not desire annual coverage, please select another term of coverage.

\*MONTHLY ENROLLEES...WHEN ENROLLING AFTER EFFECTIVE DATES SHOWN: Please indicate which month you desire your coverage to begin \_\_\_\_\_ (Month). Initial payment is due upon enrollment. Please complete Automatic Payment Authorization Form.

Please charge my Student Health Insurance: Coverage is not automatic. You must re-enroll in the insurance plan each term.

STUDENT ACCOUNT  VISA  DISCOVER  MASTERCARD  AMEX

Credit//Debit Card Number \_\_\_\_\_

3 or 4 digit security code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print name of cardholder \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Please Charge \$ \_\_\_\_\_ for Student Health Insurance.

Student signature \_\_\_\_\_

**NOTE: You may enroll "On-line" and pay your premium by electronic check or major credit card at [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)**