

THERE IS NO OBLIGATION TO PURCHASE THIS INSURANCE

NORTHAMPTON COMMUNITY COLLEGE

2010-2011

**INTERNATIONAL STUDENT INSURANCE
DEPENDENT ENROLLMENT FORM**

Please Print

Student's Name: Last _____ First _____

U.S. Address: Street _____ Student ID No. _____

City _____ Student's Date of Birth ____ / ____ / ____

State _____ Zip _____ Gender: Male Female Expected Date of Graduation (Month/Year) ____ / ____

Email Address _____ Daytime Phone No. (_____) _____

In addition to myself, I wish to enroll my dependent spouse or unmarried child(ren) who are up to and including 19 of years who are not self-supporting. Coverage becomes effective on the date for which coverage is selected or the day after the postmark date of premium payment, whichever is later, and continues until August 1, 2010. ***The dependent must be enrolled in the same plan as the Insured Student. The last date to enroll dependents is October 15, 2010 for the Annual Coverage/Fall Semester, February 14, 2011 for the Spring Semester and June 10, 2011 for the Summer Semester.*** Spring and Summer Semester enrollment is available only for dependents of students first entering NCC for Spring or Summer Semester.

Dependents enrolling for the Fall will receive notice in December for the remaining balance due of the annual premium. It is the responsibility of the Insured Dependent to remit premium for the Spring Semester by February 14, 2011.

Complete both sides of this enrollment form. Check the desired coverage. Make your check or money order payable to **BCS Insurance Company**. Return your payment along with this enrollment form to: **Collegiate Insurance Resources, 172 Bechtel Road, Collegeville, PA 19426**. An insurance identification card will be mailed to you.

COMPUTATION FORM

	<u>Annual Coverage</u> <u>8/1/10 to 8/1/11</u>	<u>Fall Semester</u> <u>8/1/10 to 1/1/11</u>	<u>Spring Semester</u> <u>1/1/11 to 8/1/11</u>	<u>Summer Semester</u> <u>5/20/11 to 8/1/11</u>
Spouse Additional	<input type="checkbox"/> \$ 3,807.00	<input type="checkbox"/> \$ 1,596.00	<input type="checkbox"/> \$ 2,211.00	<input type="checkbox"/> \$ 761.00
Child(ren) Additional	<input type="checkbox"/> \$ 2,393.00	<input type="checkbox"/> \$ 1,003.00	<input type="checkbox"/> \$ 1,390.00	<input type="checkbox"/> \$ 479.00
TOTAL ENCLOSED	\$ _____	\$ _____	\$ _____	\$ _____
Spouse Name _____			Date of Birth (MANDATORY) ____ / ____ / ____	
Child(ren) Name _____			Date of Birth (MANDATORY) ____ / ____ / ____	
			Date of Birth (MANDATORY) ____ / ____ / ____	

To the best of my knowledge and belief, all information I have provided is true and complete. I understand privacy laws protect my information and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.

My signature below certifies that I have read and understand the International Student Accident and Sickness Insurance Plan brochure and agree to accept the terms and conditions stated therein.

Signature _____ Date ____ / ____ / ____