

2007-2008 Enrollment Form - Sentry Student Security Plan - MAND III

Student's Name: First M.I. Last

Billing Address:

Street Address Apt. #
City State Zip Code

Student Information:

() - Telephone Number E-mail Address
Social Security # Date of Birth (mm-dd-yyyy) Age

State of Residence:

Beneficiary to the Student: (Accidental Death and Dismemberment Benefit)

Name of College or University: (City) (State)

I am a(n): (check only one box)

Domestic Student (U.S. Citizen)

International Student

(Home Country)

Attending classes only On-Line as a Student at the above school.

Whom are you enrolling?

Student Only

Student, Spouse & Child(ren)

Student & Spouse

Student & Child(ren)

For which benefit plan are you applying?

Plan I - Domestic Students

Plan II - Domestic *or* _____ International Students

Optional Plans:

*(Available with Plan II
only)*

Optional Dental Plan

Optional \$50,000 Catastrophic Plan*

*Presently not available in Pennsylvania

Optional Interscholastic Sports Plan

*(Available with Plan I
and _____ Plan II)*

Optional Prescription Drug Discount Card

Premium:

	\$	Health Plan Monthly Premium	
+	\$	Dental Plan Monthly Premium <i>(only available with purchase of Health Plan _____)</i>	
		<i>II _____)</i>	
+	\$	Catastrophic Plan Monthly Premium <i>(only available with purchase of Health Plan _____)</i>	
		<i>II _____)</i>	
+	\$	Interscholastic Sports Plan Monthly Premium <i>(only available with purchase of Health Plan II _____)</i>	
=	\$	Total Monthly Premium	
	X	Months <i>(4 month minimum)</i>	
=	\$	Total Premium Due	
+	\$	<i>Optional Prescription Drug Discount Card</i> <i>(additional \$10.00 fee per policy year)</i>	
=	\$	Grand Total Due	

- I request my insurance to begin on _____ .
- I am enclosing payment for _____ months of coverage. (4 month minimum)
- If received after the request date, coverage will begin on the date received.
- Do not include payment for the 2008-2009 school year, which begins 08/01/2008.
- The Master Policy terminates on 08/01/2008.

Signature: You MUST sign below!

I verify that I am a registered student of the above named school and I understand that my eligibility may be subject to verification by the school.

Signature

Date