

**2007-2008 CALIFORNIA INSTITUTE OF INTEGRAL STUDIES
VOLUNTARY ENROLLMENT FORM**

1. PLEASE PRINT CLEARLY

STUDENT'S LAST NAME			
STUDENT'S FIRST NAME			INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET			APT/BOX #
CITY		STATE	ZIP
STUDENT'S PHONE NUMBER		STUDENT'S DATE OF BIRTH (MM/DD/YY)	
STUDENT'S SOCIAL SECURITY NO.		STUDENT ID NUMBER	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S E-MAIL ADDRESS		

2. MARK THE TERM YOU HAVE SELECTED.

	ANNUAL 8/23/07 to 8/22/08 DEADLINE 9/23/07	SPRING/SUMMER 1/28/08 to 8/22/08 DEADLINE 2/28/08
STUDENT ONLY	<input type="checkbox"/> \$ 983.00	<input type="checkbox"/> \$ 639.00
SPOUSE	<input type="checkbox"/> \$ 2,445.00	<input type="checkbox"/> \$ 1,589.00
EACH CHILD	<input type="checkbox"/> \$ 1,370.00	<input type="checkbox"/> \$ 873.00

**PLEASE NOTE PREMIUM RATES CANNOT BE PRORATED.
SPOUSE AND CHILD RATES ARE IN ADDITION TO THE STUDENT ONLY
RATE AND CANNOT BE PURCHASED SEPARATELY.**

3. COMPLETE REVERSE SIDE FOR DEPENDENT COVERAGE

**4. MAKE CHECK OR MONEY ORDER PAYABLE TO:
NUFIC**

**SEE REVERSE SIDE FOR CREDIT CARD PAYMENT
PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX**

5. RETURN PAYMENT WITH ENROLLMENT FORM TO:

RENAISSANCE AGENCIES, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

MUST BE POSTMARKED BY THE DEADLINE DATE LISTED

6. STUDENT MUST SIGN FORM BELOW.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND
AND AGREE TO THE TERMS AND CONDITIONS OF THIS COVERAGE.

STUDENT'S SIGNATURE _____ DATE _____

**7. PLEASE DETACH AND RETAIN THE ID CARD ON THE BACK COVER.
COVERED DEPENDENTS MAY ALSO USE THIS CARD TO OBTAIN
TREATMENT.**

-- fold here --

-- fold here --

LIST DEPENDENTS TO BE INSURED BELOW.
DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED UNDER THIS PLAN.

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	SEX
SPOUSE	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S SIGNATURE	_____				DATE SIGNED	_____

CHARGE CARD AUTHORIZATION — CREDIT CARD PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX
WILL APPEAR AS "STUDENT HEALTH INSURANCE, RENAISSANCE AGENCIES" ON YOUR CREDIT CARD BILL

MasterCard # or Visa # _____ Expiration Date _____ Charge This Amount _____

Name of Cardholder _____ Signature of Cardholder _____