

**2008-2009 CLAREMONT COLLEGES
STUDENT INSURANCE PLAN ENROLLMENT FORM**

THIS FORM IS FOR DOMESTIC STUDENTS OF CLAREMONT GRADUATE UNIVERSITY, SCRIPPS COLLEGE, KECK GRADUATE INSTITUTE, CONTINUING DOMESTIC STUDENTS AT POMONA COLLEGE AND AND ELIGIBLE DEPENDENTS OF ALL INSURED STUDENTS OF THE CLAREMONT COLLEGES
DOMESTIC STUDENTS OF HARVEY MUDD, PITZER, CLAREMONT MCKENNA, FIRST YEAR DOMESTIC STUDENTS AT POMONA COLLEGE AND ALL INTERNATIONAL STUDENTS
ARE AUTOMATICALLY ENROLLED IN THIS PLAN AND DO NOT NEED TO SUBMIT AN ENROLLMENT FORM FOR THEMSELVES

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. PLEASE INDICATE WHICH COLLEGE YOU ATTEND

- | | |
|--|--|
| <input type="checkbox"/> CLAREMONT GRAD. UNIV. | <input type="checkbox"/> POMONA COLLEGE |
| <input type="checkbox"/> CLAREMONT MCKENNA | <input type="checkbox"/> SCRIPPS COLLEGE |
| <input type="checkbox"/> KECK GRADUATE INSTITUTE | <input type="checkbox"/> HARVEY MUDD COLLEGE |
| <input type="checkbox"/> PITZER COLLEGE | |

3. PLEASE INDICATE WHAT TYPE OF STUDENT YOU ARE

- DOMESTIC INTERNATIONAL

4. MARK THE PLAN YOU HAVE SELECTED

THE COSTS BELOW INCLUDE AN ADMINISTRATIVE FEE.

	ANNUAL	FALL	SPRING/ SUMMER	SUMMER
	8/08/08	8/08/08	1/09/09	5/18/09
	to	to	to	to
	8/27/09	1/09/09	8/27/09	8/27/09
DEADLINE	09/08/08*	09/08/08*	02/09/09	06/18/09
STUDENT	<input type="checkbox"/> \$ 910.00	<input type="checkbox"/> \$ 315.00	<input type="checkbox"/> \$ 605.00	<input type="checkbox"/> \$ 235.00
SPOUSE	<input type="checkbox"/> \$ 2,250.00	<input type="checkbox"/> \$ 771.00	<input type="checkbox"/> \$ 1,489.00	<input type="checkbox"/> \$ 570.00
CHILD(REN)	<input type="checkbox"/> \$ 1,575.00	<input type="checkbox"/> \$ 541.00	<input type="checkbox"/> \$ 1,044.00	<input type="checkbox"/> \$ 401.00

ENROLLMENT FORM AND PREMIUM MUST BE POSTMARKED BY THE DEADLINE DATE LISTED.

*** THE DEADLINE DATE FOR STUDENTS WHO ARE CONTINUING COVERAGE FROM THE PREVIOUS SCHOOL YEAR IS 9/27/08.**

5. YOU MUST COMPLETE REVERSE SIDE IF YOU ARE ENROLLING DEPENDENTS.

6. MAKE CHECK OR MONEY ORDER PAYABLE TO:

DELOS INSURANCE COMPANY

7. RETURN PAYMENT WITH ENROLLMENT FORM TO:

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

8. STUDENT MUST SIGN FORM BELOW.

I HAVE READ THE CONDITIONS CONCERNING ELIGIBILITY AND COVERAGE TERMS IN THIS BOOKLET.

STUDENT'S SIGNATURE _____

DATE SIGNED _____

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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 _____		