

**2008-2009 FULL-TIME TRAINING IN ANAHEIM (FTTA) 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.**

	<b>ANNUAL</b>	<b>FALL</b>	<b>SPRING/ SUMMER</b>
	8/10/08 to 8/09/09	8/10/08 to 2/15/09	2/15/09 to 8/09/09
<b>DEADLINE</b>	<b>9/10/08</b>	<b>9/10/08</b>	<b>3/15/09</b>

**STUDENTS UNDER AGE 26**

STUDENT ONLY	<input type="checkbox"/> \$ 870.00	<input type="checkbox"/> \$ 435.00	<input type="checkbox"/> \$ 435.00
SPOUSE	<input type="checkbox"/> \$ 1,540.00	<input type="checkbox"/> \$ 770.00	<input type="checkbox"/> \$ 770.00
EACH CHILD	<input type="checkbox"/> \$ 1,540.00	<input type="checkbox"/> \$ 770.00	<input type="checkbox"/> \$ 770.00

**STUDENTS AGE 26 AND OVER**

STUDENT ONLY	<input type="checkbox"/> \$ 1,660.00	<input type="checkbox"/> \$ 830.00	<input type="checkbox"/> \$ 830.00
SPOUSE	<input type="checkbox"/> \$ 3,584.00	<input type="checkbox"/> \$ 1,792.00	<input type="checkbox"/> \$ 1,792.00
EACH CHILD	<input type="checkbox"/> \$ 3,584.00	<input type="checkbox"/> \$ 1,792.00	<input type="checkbox"/> \$ 1,792.00

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.**

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 \_\_\_\_\_

M  F

CHILD \_\_\_\_\_

M  F

CHILD \_\_\_\_\_

M  F

CHILD \_\_\_\_\_

M  F

STUDENT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**CREDIT 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 \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

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