DELOS INSURANCE COMPANY POLICY NUMBER DSP00001-09

2009–2010 CLAREMONT COLLEGES
STUDENT INSURANCE PLAN ENROLLMENT FORM
FOR GRADUATES

THIS COVERAGE IS ONLY AVAILABLE TO STUDENTS WHO ARE GRADUATING IN MAY 2010

1. PLEASE INDICATE WHICH COLLEGE YOU ATTENDED

- ❑ CLAREMONT GRAD. UNIV.
- ❑ CLAREMONT MCKENNA
- ❑ KECK GRADUATE INSTITUTE
- ❑ PITZER COLLEGE
- ❑ POMONA COLLEGE
- ❑ SCRIPPS COLLEGE
- ❑ HARVEY MUDD COLLEGE

2. PLEASE INDICATE YOUR GRADUATION DATE _____

3. COMPLETE INFORMATION BELOW. 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		
GENDER	STUDENT'S E-MAIL ADDRESS		

4. MARK THE COVERAGE YOU ARE PURCHASING
THE COSTS INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

	SUMMER
	5/17/10 to 8/27/10
DEADLINE	**05/15/10**

STUDENTS UNDER AGE 26

STUDENT	❑ $314.00
SPOUSE	❑ $734.00
CHILD(REN)	❑ $512.00

STUDENTS AGE 26 AND OVER

STUDENT	❑ $414.00
SPOUSE	❑ $972.00
CHILD(REN)	❑ $512.00

5. FOR DEPENDENT COVERAGE, COMPLETE REVERSE SIDE OF FORM

6. MAKE CHECK OR MONEY ORDER PAYABLE TO:
RENAISSANCE INSURANCE AGENCY, INC.

7. RETURN PAYMENT WITH ENROLLMENT FORM TO:
RENAISSANCE INSURANCE AGENCY, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

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

8. STUDENT MUST SIGN FORM BELOW.
I HAVE READ THE CONDITIONS CONCERNING ELIGIBILITY AND COVERAGE TERMS IN THE BROCHURE.

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	GENDER
SPOUSE						
CHILD						
CHILD						
CHILD						

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