NATIONWIDE LIFE INSURANCE COMPANY POLICY NUMBER 302-113-0408

2010–2011 CLAREMONT COLLEGES STUDENT INSURANCE PLAN DEPENDENT 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		
GENDER	STUDENT'S E-MAIL ADDRESS		

2. PLEASE INDICATE WHICH COLLEGE YOU ATTEND

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

3. PLEASE INDICATE WHAT TYPE OF STUDENT YOU ARE

❑ DOMESTIC ❑ INTERNATIONAL

4. MARK THE TERM FOR WHICH YOU ARE BUYING COVERAGE

STUDENTS *NOT* ENROLLED IN THIS INSURANCE LAST TERM

TERM	DEADLINE DATE
❑ ANNUAL (8/06/10 to 8/27/11)	**9/06/10**
❑ FALL (8/06/10 to 1/07/11)	**9/06/10**
❑ SPRING/SUMMER (1/07/11 to 8/27/11)	**2/07/11**
❑ SUMMER (5/16/11 to 8/27/11)	**6/16/11***

*** STUDENTS ENROLLED IN SUMMER PROGRAMS THAT BEGIN AFTER THE ENROLLMENT DEADLINE WILL HAVE AN ADDITIONAL 2 WEEKS FROM THE START DATE OF THEIR PROGRAM TO ENROLL FOR THE COVERAGE.**

STUDENTS ENROLLED IN THIS INSURANCE LAST TERM

TERM	DEADLINE DATE
❑ ANNUAL (8/27/10 to 8/27/11)	**9/27/10**
❑ FALL (8/27/10 to 1/07/11)	**9/27/10**
❑ SPRING/SUMMER (1/07/11 to 8/27/11)	**2/07/11**

DEPENDENTS MUST BE ENROLLED IN THE SAME TERM IN WHICH THE STUDENT IS ENROLLED.

5. MARK THE COVERAGE YOU HAVE SELECTED

THE COSTS INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

	ANNUAL	FALL	SPRING/ SUMMER	SUMMER
STUDENTS UNDER AGE 26				
SPOUSE	❑ $ 2,896.00	❑ $ 990.00	❑ $ 1,916.00	❑ $ 732.00
CHILD(REN)	❑ $ 2,120.00	❑ $ 727.00	❑ $ 1,403.00	❑ $ 538.00
STUDENTS AGE 26 AND OVER				
SPOUSE	❑ $ 4,852.00	❑ $1,655.00	❑ $ 3,207.00	❑ $1,221.00
CHILD(REN)	❑ $ 2,027.00	❑ $ 695.00	❑ $ 1,342.00	❑ $ 514.00

6. COMPLETE INFORMATION ON REVERSE SIDE OF FORM

STUDENT'S SIGNATURE DATE SIGNED

7. 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						

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

9. 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.

10. STUDENT MUST SIGN FORM BELOW.
I AM ENROLLED IN THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE ENROLLING. I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THIS BROCHURE.