

**FOR DEPENDENT COVERAGE
COMPLETE THE DEPENDENT ENROLLMENT FORM**

NATIONWIDE LIFE INSURANCE COMPANY POLICY NUMBER 302-113-0408

**2010-2011 CLAREMONT COLLEGES
STUDENT INSURANCE PLAN ENROLLMENT FORM**

1. PLEASE INDICATE WHAT TYPE OF STUDENT YOU ARE

- CLAREMONT GRADUATE UNIVERSITY DOMESTIC STUDENT
- HARVEY MUDD COLLEGE STUDENT
- KECK GRADUATE INSTITUTE DOMESTIC STUDENT
- POMONA COLLEGE INTERNATIONAL OR DOMESTIC (FROM 3RD YEAR ON)
- SCRIPPS COLLEGE DOMESTIC STUDENT
- SCRIPPS COLLEGE INTERNATIONAL STUDENT

ALL OTHER STUDENTS ARE ENROLLED THROUGH THE SCHOOL AND DO NOT NEED TO COMPLETE AN ENROLLMENT FORM.

2. 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		

3. MARK THE PLAN YOU HAVE SELECTED

THE COSTS INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

STUDENTS NOT ENROLLED IN THIS INSURANCE LAST TERM

	ANNUAL	FALL	SPRING/ SUMMER	SUMMER
	8/06/10	8/06/10	1/07/11	5/16/11
	to	to	to	to
	8/27/11	1/07/11	8/27/11	8/27/11
DEADLINE	09/06/10	09/06/10	02/07/11	06/16/11*

STUDENTS UNDER AGE 26

STUDENT \$ 1,276.00 \$ 440.00 \$ 846.00 \$ 327.00

STUDENTS AGE 26 AND OVER

STUDENT \$ 2,123.00 \$ 728.00 \$ 1,405.00 \$ 538.00

* 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

	ANNUAL	FALL	SPRING/ SUMMER
	8/27/10	8/27/10	1/07/11
	to	to	to
	8/27/11	1/07/11	8/27/11
DEADLINE	09/27/10	09/27/10	02/07/11

STUDENTS UNDER AGE 26

STUDENT \$ 1,276.00 \$ 440.00 \$ 846.00

STUDENTS AGE 26 AND OVER

STUDENT \$ 2,123.00 \$ 728.00 \$ 1,405.00

4. SEE REVERSE SIDE OF FORM

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

6. 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.

7. STUDENT MUST SIGN FORM BELOW.

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

STUDENT'S SIGNATURE

DATE SIGNED