NATIONWIDE LIFE INSURANCE COMPANY POLICY NO. 302-091-1108

EASTERN IDAHO TECHNICAL COLLEGE
2010–2011 STUDENT HEALTH INSURANCE PLAN
DEPENDENT ENROLLMENT FORM

Only dependents of students enrolled in the mandatory plan are eligible to enroll.

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		
❑ MALE ❑ FEMALE	STUDENT'S E-MAIL ADDRESS		

2. MARK THE TERM FOR WHICH YOU ARE ENROLLING DEPENDENTS:

- ❑ FALL TERM (8/23/10 to 01/10/11)
- ❑ SPRING TERM (01/10/11 to 05/23/11)
- ❑ SUMMER TERM (05/23/11 to 08/22/11)

3. INDICATE AMOUNT DUE

COST OF COVERAGE FOR EACH DEPENDENT $150.00

NUMBER OF DEPENDENTS TO BE ENROLLED x _____

TOTAL PAYMENT DUE = _____

4. LIST DEPENDENTS TO BE INSURED ON THE REVERSE SIDE OF THIS 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

7. PLEASE DETACH AND RETAIN THE ID CARD ON THE BACK COVER. COVERED DEPENDENTS MAY ALSO USE THIS CARD TO OBTAIN TREATMENT.

8. STUDENT MUST SIGN FORM BELOW

I UNDERSTAND THAT DEPENDENT COVERAGE BECOMES EFFECTIVE ONLY WHEN THIS ENROLLMENT FORM AND FULL PREMIUM PAYMENT ARE RECEIVED BY RENAISSANCE INSURANCE AGENCY, INC., ACCORDING TO THE TERMS AND CONDITIONS LISTED IN THE BROCHURE.

_____
STUDENT'S SIGNATURE DATE SIGNED

EITC/EF

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
CHILD						❑ M ❑ F

STUDENT'S SIGNATURE _____ DATE SIGNED _____