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

EASTERN IDAHO TECHNICAL COLLEGE
2010–2011 STUDENT HEALTH INSURANCE PLAN
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		
❑ MALE ❑ FEMALE	STUDENT'S E-MAIL ADDRESS		

2. MARK THE TERM IN WHICH YOU ARE ENROLLING:

	FALL 08/23/10 to 01/10/11	**SPRING** 01/10/11 to 05/23/11	**SUMMER** 05/23/11 to 08/22/11
DEADLINE DATE	**09/23/10**	**02/10/11**	**06/23/11**
STUDENT	❑ $ 150.00	❑ $ 150.00	❑ $ 150.00

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

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

MUST BE POSTMARKED BY THE DEADLINE DATE LISTED.

5. STUDENT MUST SIGN FORM BELOW

I UNDERSTAND THAT 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